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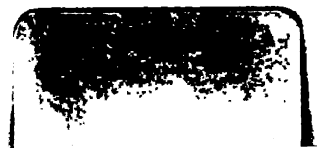

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OF THE

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THE CHIRONIAN

PUBLISHED SEMI-MONTHLY BY THE STUDENTS OF THE HOMŒOPATHIC MEDICAL COLLEGE.

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THE CHIRONIAN.

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ASSOCIATE EDITORS:

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All communications should be addressed to THE CHIRONIAN, N. Y. Hom. Med. College, 23d Street and 3d Avenue, N. Y. City.

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THE CHIRONIAN will be sent until ordered discontinued.

WITH this issue THE CHIRONIAN enters upon the third year of its existence with an earnest desire to merit the appreciation of its friends, both old and new. It shall be the aim of the editors to still further extend its influence, and increase its value both to the student and to the profession at large. With this aim ever in view, it shall be our effort to furnish to our readers all that is brightest and best in our college life, and much that will be interesting and valuable alike to the student and the physician. The various issues will contain full and accurate reports of our clinics, together with reports of cases and other material from the pens of our professors and other prominent members of the profession.

We have a right to look to our Alumni for our most constant encouragement and support, believing it to be their duty, as it should be their pleasure, to take a hearty interest in all that pertains to their Alma Mater and her welfare. A little encouragement in the way of subscriptions and contributions to our columns will add zest to our work, and we shall perform our labors with lighter hearts and readier hands. Our columns are always open to the Alumni and to all members of the profession, and we trust we shall receive much valuable material from this source.

OUR pages contain advertisements and business notices of individuals and firms of established reputation, as we take none other; and our readers are respectfully referred to them in the various branches of trade. Students of the college, in particular, should patronize our advertisers in the line of books, drugs, and such general supplies as they may need either in college or in fitting out their offices, etc.

WE are pleased to see many additions to the College Library, and we appreciate the work which the last two graduating classes have done in inaugurating and pushing forward this good work. We trust that each succeeding class will follow their example, and that many who have left the college halls in former years, appreciating the work we are trying to do, will lend a helping hand in this worthy undertaking. Surely no one can fail to appreciate the value of such a library, to which the student can easily refer for the settlement of some vexed question. Many a valuable point is gained, never to be forgotten, from the fact that the question could be answered at the time of its occurrence. We hope the Alumni and others interested will appreciate this fact, and aid us by contributions either of books or money. Every physician has in his library books which are duplicated by more recent editions. The old ones are valueless to him, but can be of considerable service to us. All such contributions will be thankfully received.

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FROM the many large and magnificently appointed hospitals, schools, etc., with their long lists of able and well-known professors of medicine and surgery, along with the much boasted and well-advertised systems of treatment enjoyed by our allopathic brethren, one naturally pauses to reflect upon such statistical evidence as the following, which has been gleaned from the official reports of the institutions named by the *North American Journal* and the *Southern Journal of Homœopathy*, and which must be as convincing as it is truthful.

MORTALITY.			PER CENT.
Hahnemann Hospital,	Homœopathic,	.	5.7
Ward's Island "	"	.	5.9
New York "	Allopathic,	.	7.6
Roosevelt "	"	.	10.9
Mt. Sinai "	"	.	8.3
St. Luke's "	"	.	9.8
Presbyterian "	"	.	6.6

PROPORTION OF SURGICAL CASES.		PER CENT.
Hahnemann Hospital,	.	66.2
Ward's Island "	.	36.4
Roosevelt "	.	47.8
New York "	.	64.3
Mt. Sinai "	.	49.0
St. Luke's "	.	62.3
Presbyterian "	.	54.4

It will thus be seen that although the Hahnemann Hospital has the highest per centage of surgical cases, it, notwithstanding, has the lowest per centage of mortality. When we consider the variety and magnitude of the operations performed at the Hahnemann, many of them the most difficult and dangerous known to the surgical art, when we take into account the fact that all diseases which are admitted to any hospital are treated in those of our school, the two reports present statistical proof, which cannot be controverted, of the superiority of our methods of treatment over those of the Allopathic, or, as they delight to be called, the "regular" school.

It will be noticed that Bellevue Hospital fails to appear in the statistics, as the officials of that institution, with innate modesty, showed a manifest indisposition to give them to the public.

SOME of the students seem to be laboring under the misapprehension that THE CHIRONIAN is the special property of the Board of Editors, and that, therefore, they have no interest either in its success or failure. They even go so far as to predict that it will cease to exist in a few years at most. If such is to be the case whose fault is it? Surely the blame should not rest entirely upon those directly connected with its management, but chiefly with those who refuse to assist it either by subscriptions or contributions to its columns. If the paper is a failure, why do you not help to make it a success? If it does not contain anything of interest or value to the student, why not see to it that such material finds its way to the columns of the paper as will be of interest and value? Contribute articles yourselves; solicit them from your preceptors or other medical men of your acquaintance. Surely, it will do you no harm, but, on the contrary, will be of benefit to you. Finally, let every student take a personal interest in the paper and its welfare, for it is as much yours as ours.

How to Study the Repertory.

PROFESSOR J. T. KENT, M.D.

AFTER all the symptoms of a patient have been written out, the *Repertory* should be taken up. The beginner should not attempt to abbreviate the *anamnesis*, but should write out the *full general rubric* for exercise, if nothing more. If *melancholy* be the word, the remedies set to the word should be written down with all the gradations. If the *melancholy* appear only *before* the menses let a sub-rubric be placed in a manner to show at a glance the number of remedies of the *general class* having the *special period* of aggravation. Many of the most brilliant cures are made from the *general rubric* when the *special* does not help, and, in careful notes of ten years, would bring down many of the *general rubric* symptoms and furnish the best of clinical verifications. The longer this is done the more can the busy doctor abbreviate his case-notes.

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The special aggravations are a great help, but such observations are often wanting, and the general rubric must be pressed into service.

Again, we have to work by *analogy*. In this method Bœnninghausen's *Pocket Repertory* is of the greatest service.

Take Minton's most excellent work, and we find menstrual agonies are ameliorated by heat, peculiar to Ars. and Nux., and by moist heat, to Nux-m. But the symptoms of one case are not like either of these remedies, and we must go farther into the materia medica. We can then form the *anamnesis* by analogy and make use of the *general rubric*, taking all the remedies known to be generally ameliorated by heat and warmth applied.

To be methodical, the general rubric should appear in the notes of the prescriber and the special below it. If this plan be carefully carried out, a comparison of ten years' work would be a most instructive perusal. What is true of a remedy generally may often be true in particular, especially so in the absence of a *contraindicating exception*, well established.

If this plan be followed by beginners, always reading up *Materia Medica* with the *anamnesis*, by the time business becomes plenty the work becomes easy and rapid. A young man can prescribe for a few patients a day and make careful homœopathic cures, and he can gain speed enough to prescribe for twenty or thirty a day after a few years. Any man who desires to avoid *this careful method should not pretend* to be a *homœopathic physician, as the right way is not in him*, as the desire must precede the art.

The patient does not always express the symptom in the language that would best indicate the *real nature* of the symptom. Then it is that judgment is required, that the physician may *gain a correct appreciation* of the symptoms. So often is this true that the young man, and often the old, is led from the true expressions of nature, and he will make an inappropriate prescription. The task of taking symptoms is often a most difficult one. It is sometimes possible to abbreviate the *anamnesis* by selecting one symptom that is very peculiar, containing the key to the case. A young man cannot often detect this peculiarity, and he should seldom attempt it. It is often convenient to abbreviate by taking a group of three or four essentials in a given case, making a summary of these, and eliminating all remedies not found in all the essential symptoms. A man with considerable experience may cut short the work in this way. I have frequently known young men to mistake a modality for a symptom. This is fatal to a correct result. The symptom is the sensation or condition, and the modality is only a modification. The symptom often becomes *peculiar* or *characteristic* through its modality.

When a sensation is looked up in the *Repertory*, all the remedies belonging to it should be written out, and individualization begun by modalities.

I am frequently asked what is understood by *peculiar* as applied to a case. A little thought should lead each man to the solution.

A high temperature, a fever *without thirst*, is in a measure *peculiar*. Thirst with a fever, with the heat, is not peculiar, because you can safely say it is common to find *heat with thirst* and uncommon to find heat without thirst. That which is common to any given fixed disease is never *peculiar*. This may seem too simple to demand an explanation, but let him who knows it go to the next page. Pathognomonic symptoms are not used to individualize by, and are never peculiar in the sense asked for.

I am asked what I mean when I say to beginners, *treat the patient and not the disease.* My answer always is about as follows: The symptom that is seldom found in a given disease is one not peculiar to the disease, but peculiar to the patient, therefore the peculiarities of the patient have made the disease differ from all the members of its class and from all others in the class, and make this disease, as affecting this patient, an individuality by itself, and can only be treated as an individual. This individuality in the patient manifests itself by *peculiar* symptoms nearly always prominent, and always looked for by the true healer. A man who gives Acon. for fever knows nothing of the spirit of the law or the duties of the physician. The same is true of *Colocynth* for colic, Arsenicum for chill, etc.

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"What shall we do when we find several peculiarities in the same patient, and one remedy does not cover them all?" Here is where the astute physician will pick up his *Repertory* and commence the search for a remedy most similar to all, and if he has been a student for a few years he need not go about asking foolish questions. The lazy man has spent his days in the folly of pleasures; and the man of limited belief has shot out so many valuable things that he is constantly standing up in public asking foolish questions, and reporting cases with symptoms so badly taken that he reveals the whereabouts of his past life. He has not made use of the *Repertory*, and shows a complete ignorance of the *rubrics* and the usual formality of taking symptoms as taught by Hahnemann. It is a blessed thing that they are not responsible for all their ignorance. Where shall the responsibility rest, and who shall "throw the first stone?"

It is so easy to wink at the sins that ourselves are guilty of that it seems impossible to find judge or jury before whom to arraign the first law-breaker.

The cry for liberty has been a grievous error, as liberty is and has been most shamefully abused. It means a license to violate law, and only a modest elasticity is necessary and full eclecticism is the product. It is liberty that has driven out of use, or limited the use of, the *Repertory* that all the old healers so much consulted. If Bœnninghausen used a *Repertory* with the limited number of remedies then proved, how much more do we need to consult it.—From the *Homœopathic Physician.*

Pædological Materia Medica.

A SERIES OF LETTERS BY PROF. DESCHERE.

(Continued from Vol. II., No. 4.)

III.

DEAR FRIEND—With regard to your remark, that *Sulphur* is used mostly in *chronic diseases*, let me say that the pædologist will need this great remedy in *acute* affections more frequently than many physicians suppose.

The great subject of *Hahnemann's "Psora"* is the field for our drug; and the more carefully we study the first volume of his *"Chronic Diseases,"* the more profound will be our respect for the depth of thought of this great reformer in medicine. Hahnemann's "Psora" introduces itself to us in the forms *Scrofulosis*, *Rachitis* and *Tuberculosis;* and leaving the bacteria question in these conditions aside, or accepting it, we know that this trinity of "Psora" is most frequently the basis, the fertile soil, for the development of all possible ailments in infancy and childhood, bacteric or not.

It is, therefore, obvious that we shall have to bring this factor into consideration when prescribing for *acute* conditions with a *psoric type*, or as you would say more fashionably, in scrofulous, tuberculous or dartrous subjects.

The late *H. N. Guernsey* says in his "Obstetrics," p. 780 (second edition): "The general appearance of the child indicates *Sulphur.*"

What is this "general appearance?"

The Sulphur child looks *like an old man.* Its *skin is wrinkled*, showing *sores*, *cracks*, *furuncles*, *excoriations* where folds of skin are formed, as *at joints*, *around the arms*, *between the thighs*, etc. It is *greatly emaciated*, *very weak*, cannot stand long, but crawls around instead of sitting erect; it leans forward, as it has not enough strength to support itself. There is an *offensive odor about the child all the time*, *despite frequent washing.*

We find either a *continued dry heat* or tendency to cold perspiration, a sort of hectic fever; and *whenever a child easily gets into high febrile conditions at the slightest provocation*, Sulphur must be exhibited.

The fact that Sulphur so well corresponds to the psoric diathesis is the reason why it will frequently stimulate the torpid reaction in disease, shown by the want of decided effect after the administration of well indicated remedies. *Here one dose of Sulphur* (*giving it time to act*) will alone most frequently produce a favorable change, and nothing else may be needed after its début, even in the very severest forms of acute affections. If in such cases a formerly indicated remedy should be called for again,

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after the effect of Sulphur has passed, you will then find it to act with beautiful precision. So much for the *general* action of Sulphur in acute disease; but you will also need it frequently for *special* affections, among which the following ones are most prominent:

In diseased conditions of the *digestive organs*, especially where the child is rapidly wasting, the patient being *voracious, wishing to put into his mouth everything he sees.* Against *diarrhœa* it will prove specific, when the *aggravation comes in the early morning, driving the patient out of bed*, who has hardly time to keep from soiling himself. This will be a good indication for older children and adults; but in infants you will find it *the* remedy, when the stool is so acrid that the child becomes excoriated around the anus. It is constantly rubbing these parts on account of itching; the stools themselves are watery, fetid, sour, sometimes putrid, and often alternating with constipation. But the character of the stool may be quite various, the *early morning aggravation*, or the *excoriation around the anus*, will indicate the drug, especially in *bottle-fed children.*

In *bronchitis*, simple as well as capillary; *pneumonia*, lobar as well as lobular, *incipient phthisis*, etc., we shall find it to be a true and reliable friend. Think of it, when there is *much rattling of mucus in the chest* (like Tart. emet.), but the cough is worse in the morning and of a suppressed, choking character. The patient *stoops or bends over forward when walking or sitting.*

In *diphtheria* it will be called for when there is a *large yellow deposit all over the posterior wall of the pharynx.* In this disease Sulphur is but too often neglected by homœopathists; and much valuable time, sometimes irreparably, lost by routine remedies and nonsensical local applications.

You will find it invaluable in the eruptive fevers, as well as in all varieties of skin diseases; but it would lead me too far to go into details any more, and your time is taken up by more valuable things. Therefore I shall conclude with the words of *Dr. Burt*, who says: "Sulphur is the king of remedies, around which centres the whole Materia Medica."

Yours truly, M. D.

Translations.

BY S. LILIENTHAL.

Treatment of Migraine by Massage.

MEZGER AND VRETLIND discovered in facial neuralgia and. in many cases of migraine old inflammatory foci in the muscles and sinews of the scalp, of the neck and face. This chronic myositis can be removed by steadily applied massage, proving that these infiltrations are not accidental states, accompanying or following the neurosis, but that they are the cause of them, arising from the direct contact of the larger nerve-trunks with the affected spots or by reflex. To find them out, we have only to raise the muscles in a fold from their hard bases.

—*Wien. Med. Wchschrift*, 6, 1886.

The Trigeminus Cough by Dr. Wille.

A COUGH, where larynx and lungs are free from any affection, which regularly troubles the patient at any atmospheric change, or arising from strong odors.

1. The trigeminus cough is the most frequent pathological cough.
2. It is a nasal reflex neurosis, the pathological change of sneezing.
3. This neurosis may exist with or without anatomical changes inside of the nose.
4. Asthma nervosum is the highest grade of this state.
5. The cough is produced by all the branches of the ganglion spheno-palatinum, or by the nervus ethmoideus.
6. Electricity applied with a weak induction current to the nasal nerves is the best treatment. In light cases iodide of potash produces a curative coryza.

—*Deut. Med. Wchschrift*, 1886.

On the Digestion of Milk.

REICHMANN (Archiv f. Klin. Medicin IX., 5) experimented on a healthy young man of 20 in relation to the digestion of milk. He took it at first cold on an empty stomach, which was then examined during its different stages

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for acids, peptones and parapeptones. He came to the following concluslons :

1. 300 Ccm. raw milk leaves the healthy stomach four hours after being taken.
2. The full act of digestion of these 300 Ccm. is already finished after three hours.
3. The coagulation of raw milk in the stomach takes place already five minutes after being taken.
4. This coagulation is not caused by an increase in the quantity of acids, but by the influence of another agent, probably Hammarsten's rennet-ferment.
5. The maximum of acidity, 0.34 %, appeared only twice, once after forty-five minutes; another time after one hour and fifteen minutes.
6. The maximum of a medium degree of acidity is found after one hour and fifteen minutes; it is 0.32 %.
7. The acidity of the contents of the stomach depends at first only on lactic acid, and during continued digestion mutually on lactic and muriatic acid.
8. Muriatic acid is only discharged in quantity after forty-five minutes after the injection of 300 Ccm. of milk in the contents of the stomach.
9. The acidity of the contents of the stomach gradually increases during the first hour and fifteen minutes; then it gradually decreases up to the moment when the milk has entirely left the stomach.
10. The increase of the degree of acidity depends at first exclusively on the lactic acid; during digestion the presence of a constantly increasing quantity of muriatic acid is of great influence.
11. The decrease of the degree of acidity depends on the decrease of the quantity of the one or other acid.
12. The contents of the stomach contain the largest quantity of peptone in the time of thirty minutes to two hours after the injection of milk. Before thirty minutes or after two hours very little, or only traces of it, can be detected. Just the opposite is found in relation to parapeptone, but only at the beginning of digestion.

Experiments with boiled milk :

1. After taking 300 Ccm. boiled milk the acid contents of the stomach disappear after three hours.
2. The act of digestion of these 300 Ccm. boiled milk is performed in two hours and thirty minutes.
3. In relation to the degrees of acidity there is no remarkable difference between raw and boiled milk.
4. During the digestion of boiled milk peptonizing is carried on more energetically.
5. The lumps of Caseine are far more tender during digestion of boiled milk.
6. Digestion and the disappearance of the acids from the stomach takes place more rapidly with boiled than with raw milk.
7. After taking 100 Ccm. boiled milk the acid contents disappear after two hours and thirty minutes.
8. The duration of digestion of these 100 Ccm. boiled milk is forty-five minutes.
9. After taking twenty-five Ccm. boiled milk the acid contents disappear from the stomach after two hours.
10. The duration of digestion of these twenty-five Ccm. of boiled milk is forty-five minutes.
11. When using smaller quantities of milk the muriatic acid in the contents of the stomach can be shown much earlier.

Experiments with alkalized milk showed, that by adding 8.0 Natr. bicarbonicum to 100 Ccm. milk, this sufficed to prevent the peptonizing influence of the gastric juice. After a lapse of two hours this alkalized milk has disappeared from the stomach. Notwithstanding alkalization the milk in the stomach coagulates under the influence of the rennet.

It is therefore an established fact, that boiled milk is more easily to digest than raw milk. These experiments were repeated on several persons and always with the same result.

Berl. Med. Wochenschrift, 13, '86.

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The Plaster of Paris Bandage in Treatment of Sprained Ankle.

WITH TWO CLINICAL CASES.

PROBABLY no other joint in the body is more liable to an accident of this kind than the ankle. The reason for this is easily seen when we consider the anatomy of the joint. The articulating surfaces of the bones which form it are very small, and when we think of the fact that the weight of the whole body has to be supported on these surfaces, we wonder that this accident is not of more frequent occurrence.

The amount of injury done to the ankle varies from a slight laceration of the connective tissue surrounding the joint to a complete rupture of the lateral ligaments, or it may even be associated with a fracture of one or both malleoli.

The immediate effects of this injury are pain, swelling, and inability to stand upon the injured ankle. The after effects are more serious than might at first be imagined. There may be stiffness, or even permanent anchylosis, as a result of improper treatment or neglect.

The main objects to be obtained in the treatment are, first, the replacement of the articulating surfaces in their proper positions, if they have been misplaced; and, secondly, perfect rest for the part, thus allowing nature to effect a cure. The first of these objects is best obtained by gentle manipulation; and what could better fulfil the requirements of the second than a well-applied plaster of Paris bandage, which, by making the joint immovable, gives it perfect rest.

One great advantage of this method of treatment is that the patient is able to walk as soon as the plaster has set, without the aid of crutches and with perfect safety. To secure the best results the bandage should be applied immediately after the injury, before any swelling begins. If for any reason this cannot be done, the ankle should be thoroughly rubbed with a solution composed of equal parts of tincture of Arnica and extract of Hammamelis, and then a temporary bandage applied. As soon as the swelling has gone down the temporary dressing should be removed and a permanent one applied. Two applications of the bandage are usually sufficient to effect a cure. In its application the bandage should be drawn tight enough to make it lay perfectly smooth. The only necessary *reason* for removing the bandage before a cure is effected is when it gets too loose to afford proper support for the injured ankle. The permanent bandage should be kept on from three to six weeks, according to the severity of the sprain.

CASE 1.—Mr. R., aged twenty-three, while carrying a heavy weight upon his shoulders, slipped and sprained his right ankle. Was first seen three weeks after the receipt of the injury. The ankle at this time was badly swollen and very painful. It was impossible for him to put his right foot to the ground and he could walk only with the aid of crutches. The ankle was first rubbed with the solution of Arnica and Hammamelis, and a temporary plaster of Paris bandage applied, the foot being held in its proper position until the plaster had set. As soon as it was dry he was able to throw away his crutches and walk unassisted. A week later a permanent bandage was applied. In two weeks this was removed and the patient discharged cured.

CASE 2.—Mr. S., aged fifty. When first seen the ankle was badly swollen, and a temporary bandage was applied. This was allowed to remain one week, when the permanent one was put on, which was allowed to remain four weeks, as the patient was a very heavy man and the sprain a bad one. He was able to walk from the first and made a good recovery.

Obstetrics.

IT will be our effort during the ensuing term to furnish the readers of THE CHIRONIAN, under the head of Obstetrics, with such valuable hints as may be gathered from the rostrum of our able lecturers upon the subject, coupled with such interesting clinical points as may, from time to time, fall under our notice in our

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hospitals and in the general college practice. In this the faculty will doubtless render us much valuable assistance, as also the fraternity at large, from whom we would be pleased to receive interesting and practical notes of observation in the general practice. This will enable us to place our journal where we desire it to be in this respect, as in all others—among the first of its kind in our school.

The following case came under our observation recently and may be of interest in these columns:

Mrs. H——, aged 37, mother of six children, during the third month of pregnancy was seized with floodings, which at times became very profuse and accompanied with portions of placenta. The patient was kept in bed for six weeks, during which the discharges continued from time to time.

Examinations showed a closed os throughout the entire period. The patient experienced but little pain, and as the discharges showed no evidences of decomposition or offensiveness, the attending physician did not deem it advisable to force the emptying of the uterus, and did nothing beyond the administration of the proper homœopathic remedies.

Finally, very severe labor pains set in, followed, after eighteen hours, by the expulsion of a well-formed fœtus (male) with a perfect placenta attached, apparently of six months' growth, and at the same time a portion of a second placenta which was somewhat degenerated but not offensive. This was entirely distinct from the other, and evidently had been a second or twin placenta which, following the arrest of development of the germ and its absorption, had degenerated. The placenta attached to the fœtus showed no signs whatever of degeneration, and its development must have gone on until the period of its expulsion.

The patient's return to health has been slow, but is now perfectly assured.

Class of '87.

ON Saturday morning, at eleven o'clock (October 9th), the Class of '87 convened, for the first time this session, in the amphitheatre of the college building, for the purpose of reorganization.

President Stewart, whose term of office expired with the opening of the term, was in the chair. The meeting was unusually quiet and business-like throughout; and as the drawing of seats progressed, much anxiety was manifested to get down close to the rostrum by brave class warriors who, after two years service, preferred to face the first shock of battle there, rather than to subject themselves to the outline picket-fire which has heretofore proved so disastrous to the ranks in the "skyward" rows in the dim and shadowy background.

After the seats had been drawn the following officers were elected:

President, RALPH JENKINS,
Vice-President, A. I. THAYER,
Secretary, S. I. JACOBUS,
Treasurer, C. A. WARD.

On motion of Mr. Arthur, a vote of thanks was extended to retiring President Stewart for the impartial and able manner in which the duties of his office had been conducted. Class adjourned at 12.15.

Class of '88.

THE "Middle" men have not been slow to follow the Seniors in the way of organization. Their president called a meeting on the 11th inst., at eleven o'clock, which resulted in the formal election of officers for the term. They were as follows:

President, J. M. WOODRUFF,
Vice-President, T. C. WIGGINS,
Secretary and Treasurer, A. E. BAKER,

all of whom are good men, apparently, for their respective places, which means perfect union in the class and the usual good results which follow it.

This class has some good men in her ranks, and promises to do creditable work when the hour arrives for the summing up of their merits. Move on, gentlemen, we wish you unbounded success.

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Societies.

New York Society for Medico-Scientific Investigation.

THIS Society met in the Lecture-room of the Ophthalmic Hospital on the evening of October 12th, at 8.30 P.M., with Sidney F. Wilcox, M.D., the President, in the chair.

The minutes of last meeting were read and approved.

Dr. F. H. Boynton, of New York City, was nominated for active membership. Dr. W. Storm White, of New York City, was elected to active membership.

Dr. T. F. Allen then read the first paper of the evening on "The Rebuilding of the Temple to Therapeia."

DISCUSSION.

Dr. Lilienthal believes in progressive homœopathy. Reorganization of the Materia Medica is a necessity, and such a society as this could well undertake the work. Only those symptoms which occur in several provers should be accepted. The symptoms given by a patient in course of treatment are often unreliable, but from the mass some are good and afford valuable indications. Thought it essential to use the pure drug in the first instance.

Dr. Cowl said he was not a student of Materia Medica, but that he would be loath to throw aside all the matter collected by so much study of so many observers. He thought that in the Cyclopædia, where the symptoms are given in proper sequence by the publication of the day-books of provers, when it was found that several provers disagreed regarding a symptom, it might then be thrown out, or into a second place, and such agreement would constitute a test.

Dr. Shelton thought that young men were just the ones to undertake such work, because it was the study of a life-time and required just that energy and freedom from preconceived opinions found generally in young men.

Dr. McDowell thought the value of work depended on the result obtained and not at all on the age of the worker.

Dr. Allen (in closing) said: This is work that can be done and it will be done, if not by this society, by some other, and the younger and more skeptical the men are the more reliable will be the result. Cannot agree with Dr. L. and others that a symptom to be of value must be apparent in more than one prover, and thinks a symptom repeatedly following administration of a drug in one prover is of great value (burning of spine in Phosphorus). Does not wish to throw away present accumulation of material; only to review it critically.

Dr. Wilcox exhibited to the society a unique device for overcoming the difficulties arising from erections following operations on the penis. It consists of a metallic ring, made to fit the penis, and connected with a small battery and electric bell, so arranged that the slightest engorgement of the penis will complete the circuit, ring the bell, and warn the attendant.

Hahnemannian Society.

THE Hahnemannian Society held its first regular session in the amphitheatre of the college on Wednesday evening, 13th inst. The "Senior" side of the hall was well filled. There was a moderate attendance of Middle men and Juniors. Nineteen new names were enrolled upon the books. Some college songs were rehearsed and the members, in a general way, seemed to avail themselves of this first gathering of the college masses for the revival of the good cheer of days gone by.

Vice-President Watts brought his gavel down upon the table at 7.45 sharp, and after a few words of introduction called for the election of officers which takes place once each year. The following were returned:

President, P. B. WATTS.
Vice-President, H. C. JEWETT, '88.
Secretary, W. T. HELMUTH, Jr.
Treasurer, A. A. HOAG, '88.

As the vice-president becomes president by precedent the following year, there was some solicitude manifested in the selection, Jewett and McGeary being the strong men. By a close vote the result was as stated above. Mr. Helmuth was elected by acclamation.

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The following gentlemen were selected to conduct the quizzes:

SENIOR STUDIES.

Materia Medica,	J. J. RUSSELL.
Practice,	A. I. THAYER.
Obstetrics,	H. B. MINTON.
Surgery,	F. B. KELLOGG.
Pædology,	C. SCHUMANN.
Gynæcology,	J. O. CHASE.
Physical Diagnosis,	G. B. DUDMAN.
Mental & Nervous Diseases,	A. C. STEWART.
Ophthalmology and Otology,	E. D. FITCH.
Genito-Urinary Diseases,	R. P. FAY, Jr.
Diseases of Kidney,	W. W. JOHNSON.
Dermatology,	H. F. NICHOLS.

JUNIOR AND MIDDLE YEAR STUDIES.

Anatomy,	E. S. SMITH.
Physiology,	J. CONNELL.
Chemistry,	C. E. WILCOX.
Pathology,	Z. P. FLETCHER.
Histology,	C. A. GWYNN.
Toxicology,	H. F. JONES.
Medical Jurisprudence,	G. H. MCGEARY.

A motion to change the time of meeting of the Society from 7.30 p. m to 8 p. m. was laid upon the table, to be acted upon at the next regular meeting.

County Society.

THE regular meeting of the New York County Homœopathic Medical Society was held in the reception room of the Ophthalmic Hospital on the evening of October 14th. Owing to the enforced absence of the President, Dr. Houghton, the Vice-President, Dr. Beebe, presided.

First in the order of business was the nomination and election of new members, and Dr. J. W. Dowling, Jr., and Dr. Geo. W. McDowell were elected to membership.

The Committee on Public Institutions was to report, but owing to the absence of Dr. Bacon, no report was received.

The majority of the evening was devoted to the Bureau of Obstetrics. Dr. Phœbe J. Wait read a very interesting paper on "Retained Placenta," which was followed by a very interesting discussion, participated in by Drs. McMurray, Clark, Macy, Lilienthal, Wait, Schley and Wright.

"The Treatment of Mastitis by Rest and Compression" was the subject of another able paper by M. Belle Brown, M.D. This was discussed by Drs. Wilcox, Lilienthal, Clark, McMurray and Wait.

Dr. J. T. O'Connor, a former member of the society, who has again returned to the city, was reinstated as a member.

Society adjourned.

A New Homœopathic Hospital for the Insane.

AFTER several years of persistent agitation on the part of earnest homœopaths, in and out of the Massachusetts Legislature, to establish a hospital where insane patients could be treated under the methods of the "New School" of medicine, successful culmination was had in an act approved June 3, 1884, wherein it was provided that a building then occupied and known as the State Reform School, in Westboro, should be remodeled, and other buildings added thereto, and be devoted to the purposes of such a hospital, the occupants of the Reform School to move into the new structure then completed, about one mile distant from the old site. Dr. N. Emmons Paine, formerly of Albany, N. Y., who had been for nearly four years assistant physician at the first homœopathic hospital in the United States, located at Middletown, N. Y., was in due time appointed Superintendent of the Westboro Hospital, and under this most efficient executive officer and an able board of trustees, work has steadily progressed, so that occupance of the hospital will be had about the last of this month.

The original act of the General Court provided "for the residence of 325 patients, physicians, other officers and attendants who shall care for such patients." It was found necessary to make very great changes in the old reform school buildings, as well as to erect several new buildings and corridors to connect the same with the main edifice.

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Under the act, as quoted, $150,000 was authorized to be expended by the trustees, and in May the last Legislature made an additional appropriation of $180,000. The gross expenditures have, therefore, reached the sum of $330,000, for which the State realizes a hospital with ample facilities for 400 insane patients. The State institutions at Taunton and Bridgewater being overcrowded, the new hospital will receive its first hundred patients from those at the above named places who prefer, or whose friends prefer for them, homœopathic treatment.

The site of the Westboro Hospital, consisting of 264 acres of land, is a most commanding one, occupying as it does the crest of a hill, whence may be seen in the distance the towns of Shrewsbury and Westboro and adjacent villages. The intervening space is beautiful farm, orchard, timber and grazing land. The new reform school looms up to the southwest, its fine proportions visible, with distant hills for a background, a monument of architectural beauty. Nestling at the base of the hill upon which stands the new homœopathic hospital is Big Chauncy Lake, about 1½ miles long by half a mile across in its widest part, as fine a sheet of water as can be found in all new England; its edges are fringed with tall pines, graceful maples and spreading elms; in the midst of a clump of the former has been selected a picnic grove with seats and speaker's stand; not far distant may be seen a boat house with several craft of various sizes and kind moored near by. Two monster ice houses are located at the upper end of "Big Chauncy," and a fine bathing beach. The lake is said to be quite deep and abundantly stocked with edible fish in great variety. The hospital orchard, containing some 400 apple and other fruit trees, appears to be divided in the centre by a magnificent lawn, with here and there a spreading tree, and runs from the buildings on the hill to the lake shore, all adding to the picturesqueness of the general surroundings. Standing upon the broad piazza of the main building and looking to the southwest and east, the view is a charming one.

The inside of the building is on a par with its surroundings, and is all that can be desired for the safety, comfort and enjoyment of an insane patient. Ascending a flight of granite steps entrance is had into a wide hall; turning to the left, and passing through the trustees' room, 25x24 feet, and thence through a side door, the visitor is ushered into the private office of Superintendent Dr. Paine. Adjoining this, and fronting upon the lake side, is a room designed as medical directors' and assistants' office, in which will be kept the library of the establishment, as well as the keys of the wards, corridors and entrances; the director having absolute supervision over the assistants, attendants and nurses, no one can be absent from his or her post of duty without the knowledge and consent of this official; every attendant is obliged to deposit the keys of his department on going out, with a report as to the condition of his charges. To the rear of this room and across the hall first mentioned is the steward's room, in one side of which is a large, deep closet, into which are led telephone wires, speaking tubes and electric bells, communicating with every part of the great structure or aggregation of buildings. Passing out of the steward's room to the east, one enters the officers' sitting and dining rooms, commodious, well-lighted apartments. To the left of the steward's room is the pharmacy, where the drugs, medicine and necessary medical and surgical appliances will be kept. Next comes the clerks' and male supervisor's room, and to the rear is a billiard-room, some 25 by 30 feet, where the male patients may while away hours which hang heavily, and thus make their monotonous life more endurable.

Entering and traversing a corridor, you enter the "congregate" dining-room, the seating capacity of which is about 250. In the utilization of this dining-room as proposed, a new departure is taken, in that patients, male and female, will daily be conducted to their meals and eat in the same room.

The wards, situated in the six wings of the main building, are reached through beautifully lighted corridors. Passing through one of these we reach the conservatory, with its glass-covered

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roof. Here is designed a resting place for patients, where they can take a sun bath surrounded by tropical plants and rare exotics. Going onward, the "day-room" is gained, an apartment fully sixty-five feet long by thirty feet wide, in which patients can amuse themselves at will, or employ their time to their mental or physical good. Leading from this large room are the patients' individual apartments. In each door is a wicket, so arranged that the occupant can be seen in his or her room by the attendent, at any and all times, without disturbing the inmate. This does away with the annoyance of fitting the keys and opening the doors, a great improvement over the old method of inspection by attendants. There are other rooms and appliances fitted for the comfort of the patient, about which we do not need to go into detail. The hospital is in every way a model for an institution of its kind, and will be a lasting monument to the liberality and progressive spirit of the old Bay State.—Abstract from Boston *Herald.*

Stethoscopes.

BY N. W. RAND, M.D., MONSON, MASS.

THE stethoscope is a modern invention. It marks one of those long strides in the advancement of medical knowledge which have characterized the nineteenth century. There are men in active practice to-day whose memories extend back to the time when the famous Frenchman, Laennec, took a quire of paper, rolled it up in cylindrical form, held it to his ear and the chest of a patient, and found that by this means he could hear the operations of the internal organs more perfectly than he had ever been able to do before. Indeed, he heard so clearly that he was led to believe that the paper served not only as a conductor of the sounds, but intensified and increased them; and he advanced and published this erroneous view. That was the primal stethoscope, and then it took its name from the great inventor mentioned. Since then, a great variety of modifications have been devised, and as many instruments elaborated; but all have been designed for the same purpose, and depend upon the same general principle. All are presumably excellent in some respects, and certainly all share in more or less deficiencies. Take up Tiemann's catalogue of surgical instruments, and you will find descriptive illustrations of no less than twenty-five different stethoscopes. Without entering into any criticism upon their respective merits, I shall simply assume that you all agree with Prof. Clapp in considering the Cammann's binaural stethoscope, with rubber band, the best in the market, and shall attempt to show you that there is a new instrument in nearly all respects superior to this, and incomparably ahead of all the rest.

This new instrument I call *the vacuum stethoscope.* All I can say of its history is, that I found it in use in the general hospital of Vienna during my study there two years ago. It seemed to be a general favorite among the students, and the professors spoke highly of it. I obtained one, and used it throughout my course. Have used no other since. The Vienna instrument dealers said it was a French invention, and that they got their idea of its manufacture from Paris.

Since my return several friends, having seen and been pleased with its action, have tried to procure others like it, but were unable to find any for sale, or any person who would undertake to make them. Now, as good luck orders, we have a young dentist in our town who can shape matter into "the likeness of anything there is in the heavens above or the earth beneath;" and at my special request he has undertaken to make a few of these instruments. How admirably he has succeeded I shall soon show. But first let me briefly describe the stethoscope and its advantages.

It consists of a bell-shaped, pectoral extremity of hard rubber, one and one-quarter inch in diameter and about the same in height. From the central portion of the concave, under surface of this, is thrown down a circular tube of the same material, seven-eighths of an inch in diameter. The edge of this tube extends to the exact plane of the edge of the bell, and divides its space into two complete and distinct com-

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partments. That within the tube is cylindrical in form, and is the first portion of the stethoscope to receive the thoracic vibrations. That outside the tube, and concentrically situated around it, is the air-chamber. This communicates through a small flexible rubber tube with a two and one-quarter inch rubber ball, by the compression and release of which, when the stethoscope is in position, the air is exhausted; and, in consequence thereof, the instrument is held firmly in place by atmospheric pressure. The cylindrical air-space, within the tube first mentioned, communicates with a short piece of metallic tubing which bifurcates just above the bell into two equal branches. These diverge from each other by a gentle curve for about one inch. Flexible rubber tubes, some eighteen inches in length, are drawn over each of these metallic branches. In the aural extremities of the soft tubes are fitted hard rubber ear pieces, which in turn make air-tight connections with the external auditory canals.

I claim for it the following advantages over all other stethoscopes, viz.:

First.—It establishes a continuous *air-tight* passage from the chest-walls of the patient to the ear-drums of the practitioner; and, since both extremities are tight, immovable and need not be touched by the hands to be retained in position, it *precludes the possibility of any friction sounds whatever*. Hence, by its use, one is able to appreciate nicer distinctions of sound, and detect those which, with other stethoscopes, would be imperceptible.

Second.—It is more comfortable for the patient, as no extra pressure is used in holding it.

Third.—It is more convenient for the physician. His hands are free to use as he pleases, and the flexible tubes allow him to hold his head in any position without disturbing the ear-pieces. He can auscultate over one entire half of his patient without a change of position. And there are no springs constantly pressing the ear-pieces into his head, to annoy him. He can auscultate the entire thorax without once removing the instrument from his ears.

Fourth.—It is especially advantageous in examining children. Being self-retaining, it is less apt to frighten the child; and should he become restless, and shift about, the instrument is not easily disturbed.

I have found it of great value in detecting the fœtal heart. It is by far the best instrument for this purpose, which is a matter of no small importance to the obstetrician. An obstetric bag without such as tethoscope is incomplete.

In a word, it answers all the purposes for which stethoscopes are made more perfectly than anything yet produced; and the only thing that can be said against it is that, in cases where the chest-walls are very irregular or hairy, the vacuum arrangement fails to work, and it must be held in place like any other. But even here it has the advantage of its flexible tubes and nicely fitting ear-pieces.

Of course you all have plenty of stethoscopes, but that is no reason you do not want this. I have a good Cammann's at home, but no use for it. It is for sale as all of yours will be after you have given this a trial. The price of this stethoscope is five dollars—a sum within the reach of every man; and the only place that I know of in the country where they can be procured is of the aforesaid dentist, Dr. P. W. Soule, Monson, Mass.

For a mere formalist, any other stethoscope will answer as well; but whoever really wants to *hear* what goes on within his patient's physical structure may well avail himself of this valuable aid. It is a good thing, and destined to become popular. Personally, I should like to see the members of our homœopathic medical societies take the lead in its use.—From the *New England Medical Gazette.*

College Notes.

FRESHMEN, bone down your Gray?

HAS any one seen "Ruby" this year?

NOTHING but hard work until Christmas.

THE "three graces" adorn the front row.

WHAT has become of Arthur's mustache?

PARKER and Shonger will not return this year.

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THEY still drive horses with one line in Pennsylvania.

HINMANN, '88, has not returned yet, but is expected soon.

IT is rumored that some of the Middle men still wear the badge of Freshman year.

WATTS AND FAY were married October 5th. Receive Fridays, at 102 Lexington avenue, third floor.

A. T. SHERMAN, '75, is one of the editors of the new homœopathic journal, the *Minnesota Medical Monthly*.

F. B. KELLOGG, '83, of Yale, and also a graduate of the Medical Department, is taking a post-graduate course here.

OUR northern friend, when informed that the bell had rung for white "plugs," quietly laid it by for another summer's campaign.

OUR friends from Jersey come up smiling again this year. They are so tough that even the famous mosquitoes have no effect upon them.

THE notorious sleeper of '87, who did so much of it against time last year, is doing better. A trip to Europe seems to have had a beneficial effect.

BURTIS, '87, is the latest victim of the matrimonial craze. If there is any reliance to be placed in signs, the coming winter will be a mild one.

IT is rumored that Allen, '88, has some thoughts of trying to emulate Burdette of *Hawkeye* fame, by writing a lecture on "The Fall of a Mustache."

THE new instructor in Histology gave an exceedingly good lecture on his first appearance. If that was a fair sample, his work will leave nothing to be desired.

SUBSCRIBE for THE CHIRONIAN. Nothing so inspires the minds and pens of the editors as a good hearty interest in the paper. Actions speak louder than words.

THE obstetric case which a certain Senior had this summer is said to have given him considerable notoriety. There are some hints that the case was a little off color.

L. SPORTS a new umbrella with gold (?) mounted handle. It is wonderful what a difference it makes in a man when he sheds the green mantle of Freshman year and becomes a "Middle" man.

THE opening lectures were largely attended, and the enthusiasm manifested as the different professors made their appearance is ample proof of the cordial feeling existing between the faculty and the students.

WHO is that distinguished looking gentleman with the striking mustache and carefully trimmed side whiskers? They all wanted to know, but it was only after careful inspection that we were enabled to answer—Mowbray.

THE homœopathic physicians of Kentucky have established a State society. At a meeting held July 14, 1886, officers were elected for the ensuing year. Dr. James A. Vansant, '84, Mt. Sterling, Ky., is treasurer, and J. T. Vansant, '79, one of the board of censors.

EIGHTY-NINE has several college men among her members. That 's what we want to raise the standard of our college. All presented diplomas from college, academy or high school, with the exception of four, who were compelled to take the entrance examination.

THE hope of Prof. A—— is, we believe, to be more than realized—*i. e.*, that the Materia Medica is to reap a rich harvest next spring from theses upon provings, as one of the chosen few made the remark the other day that Eupatorium perf. revealed in its symptomatology most distressing pains in the "bones of the throat."

THE amphitheatre was well filled on Tuesday evening, 5th inst., upon the occasion of our college opening. Prof. J. W. Dowling delivered an interesting lecture entitled "Why We do not Live our Three Score and Ten," which was listened to with marked attention throughout. The lecture was interspersed with many amusing incidents.

SINCE it depends altogether upon the "diathesis" as to the time when an infant begins to enjoy the full possession of those delightful little bodies, the taste bulbs, so neatly hidden away in the papillae circumvallatæ and fungi-

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formes of that much-abused and treacherous little organ, the tongue, how long would it take to convince brother B—— that the class, aside from any "diathesis" inflicted upon it, sat down at once upon "the good joke" as an awfully "bad break?"

HAWLEY, '86, is the new professor of chemistry at the New York College for Women. Among the other professors we notice the names of Carleton, '71, Dearborn, Prof. Allen's assistant, W. Storm White, '79, Boynton, '74, and O'Connor, formerly professor of chemistry in our own college. The faculty of this college has been materially strengthened within the last few years, and now affords exceptional advantages to women desirous of securing a complete medical education.

Marriages.

MARRIED, October 6, 1886, Dr. Clarence C. Howard, '84, and Miss Clara Campbell, both of this city. Prof. W. W. Blackman was best man, and Dr. E. De Baun, '85, was one of the ushers. A reception was held from four until six.

MARRIED, July 14, 1886, at Norwich, N. Y., F. S. Fulton, M.D., '85, to Beatrice J. Shattuck. Congratulations are in order.

WE have received notice of the marriage of J. H. Hallock, M.D., which occurred September 20th. The lady was Miss Adah J. Merril, of Albany, Vt. The doctor was a graduate of 1886, and is located at Walton, N. Y.

ON June 2, 1886, Dr. John W. Dowling, Jr., '86, to Miss Alice Jeanette Bliss.

Deaths.

DIED, August 17, 1886, Dr. John G. Bowen, of San Antonio, Texas. Dr. Bowen was a member of the Class of '82 of this college, and at the end of his college course was chosen by his classmates as their valedictorian. After graduation he engaged in practice with Dr. Jones, of San Antonio. He was for a time associate editor of the *Texas Homœopathic Pellet*, the predecessor of the *Southern Journal of Homœopathy*. Dr. Bowen was thirty-one years of age, just at the beginning of a professional life which would doubtless have been a most successful one. The immediate cause of his death was cerebral abscess.

DIED, June 29, 1886, Dr. Charles H. Dunning, in the twenty-sixth year of his age. Dr. Dunning was born in this city and educated in the College of the City of New York, and in the New York Homœopathic Medical College. Graduating in '82 at the head of his class, he was offered the position of Laboratory Instructor in his Alma Mater, a position which he accepted. His conscientious work in this position is known to all who came in contact with him. He was modest and unassuming in manner, never pushing himself, but was generally well-informed and a hard student. His death, caused by cerebro-spinal meningitis, was undoubtedly the result of over-work and over-study. It was his custom to spend six hours a day in special study, in addition to his regular business and laboratory work. The loss of Dr. Dunning will be deeply felt both in the Laboratory and among a wide circle of friends, and it will be long before his kind face and gentle manners are forgotten.

Exchanges.

THE *Century* for October is a very interesting number, appealing to a wide audience in the subject matter presented. The frontispiece is a portrait of the statesman, Björnstjerne Björnson, the illustrated article by H. L. Braekstad, on his greater prominence as a writer, being entitled "A Norwegian Poet's Home," and giving some account of his literary habits and country life. Franklin H. North gives an interesting and handsomely illustrated article, "The Gloucester Fishers." Clarence King contributes a striking paper on the "Biographers of Lincoln," with full-page portraits of Nicolay and Hay. The chief war article is Gen. W. S. Rosecrans's description of his victory at "Corinth." Other articles of personal interest connected with the war are "Stonewall Jackson's Last Battle," by James Power Smith; and

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"Personal Reminiscences of Stonewall Jackson," by Margaret J. Preston. The archæologist will be interested in "American Explorers at Assos," by F. H. Bacon. Matthew Arnold discusses "Common Schools Abroad," and President Gilman, of Johns Hopkins University, writes about "Hand-craft and Rede-craft," with a plea for the former in the educational system. Stockton finishes his novelette, "The Casting Away of Mrs. Lecks and Mrs. Aleshine," while Howells provides Lemuel Barker with a new employment and a quarrel with 'Manda Grier, in the ninth part of "The Minister's Charge." There are many other shorter articles of interest.

We acknowledge the receipt of the following exchanges:

"The New England Medical Gazette," "The Hahnemannian Monthly," "The North American Journal of Homœopathy," "Southern Journal of Homœopathy," "The Homœopathic Physician," "Albany Medical Annals," "The Clinique," "The Southern Medical Record," "La Reforma Medica," "The Medical Counselor," "The St. Louis Periscope," "The Atlanta Medical and Surgical Journal," "Technics," "Chicago Medical Journal and Examiner," "The California Homœopath," "The Century Magazine," "The Physicians' and Surgeons' Investigator," "The Polyclinic," "The Homœopathic Recorder," "Student Life," "Progress," "Swathmore Phœnix," "The American Homœopathist," "Association Notes," "The Willistonian," "The Pacific Record of Medicine and Pharmacy," "The Stevens Indicator," "The Targum," "The Minnesota Medical Monthly," "The United States Medical Investigator," "The Medical Era," "New York Medical Monthly," "Daniel's Medical Journal," "The Fisk Herald."

Pamphlets Received.

COCAINE in Hay Fever, by S. S. Bishop, M.D. Operations on the Drum-Head for Impaired Hearing, with Fourteen Cases, by S. S. Bishop, M.D. Disinfection of House Drainage, by Prof. Henry Hartshorn, M.D., LL.D. Is Electrolysis a Failure in the Treatment of Urethral Strictures? by Robert Newman, M.D.

Book Notices.

A Decalogue for the Nursery. By S. J. DONALDSON, M.D., Boston: Otis Clapp & Son, 1886.

WE can cordially recommend this book. As its name indicates it is divided into ten chapters, each of which is devoted to some subject connected with the care and management of young children, and is intended especially for the instruction of young mothers. The chapters on clothing, posture, and diet are to be especially commended. The subject of posture is one which has received very little attention at the hands of medical writers, and is consequently one little understood by mothers. This chaper contains many valuable suggestions.

A Compend of Pharmacy. By F. E. STEWART, M.D., Ph.G. Philadelphia: P. Blakiston, Son & Co., 1886.

THIS is a valuable addition to the series of Quiz-Compends. The great beauty of this whole series, to which the Compend of Pharmacy is no exception, is that the information is condensed and to the point. It is easy of reference and contains a great deal of valuable material in small compass. Just the thing for the student.

American Medicinal Plants. MILLSPAUGH. Fascicle IV., Nos. 16–20. Boericke & Tafel, New York and Philadelphia.

FASCICLE IV. is fully the equal of its predecessors. The publishers are doing a commendable work in getting out this series, which will be a valuable addition to the literature of both the botanist and medical man. The plate of Rhus Aromatica, which was not delivered in time for Fascicle III., is found in this number. The plants described in Fascicle IV. are Ailanthus Gland., Aletris Farinosa, Archangelica Atrop., Celtis Occident., Capsella Bursa-Past., Chioanthus Virg., Cornus Circinata, Cornus Sericea, Cicuta Maculata, Euphorbia Ipecac., Euonymus Atrop., Gymnocladus Can., Genista Tinct., Giseng, Juniperus Virg., Magnolia Glauca, Menispermum Can., Menyanthes Trifol., Myrica Cerifera, Opuntia Vulgaris, Ostrya Virginica, Pirus Americana, Pastinaca Sativa, Rhamnus Cath., Rhus Venenata, Ranunculus Bulb., Ranunculus Rep., Senega, Serpentaria, Veratrum Viride.

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THE CHIRONIAN

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THE CHIRONIAN.

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WE are pleased to note that Prof. Markoe, of the New York Hospital, has extended to our students an invitation to be present on the occasion of a number of very important surgical operations at that institution (New York Hospital). While it is said that medical students, irrespective of school, are permitted to witness these operations, yet even this fact does not lessen in the slightest degree this high mark of professional courtesy, which becomes more marked by the high position occupied by Prof. Markoe in the surgical world.

THE life of the medical student is not an easy one, especially if he is one who desires to do well and to get the most out of his college course. To sit on a hard bench all day, to listen to lecture after lecture till his mind seems almost lost in a maze of theories and facts, then to go to his boarding house and sit down to a meal—such, perhaps, as the word boarding house is too apt to suggest—to spend the evening in vain endeavor to reconcile fact and theory and remember both—surely the picture is not an attractive one. Add to this the worry and fear of falling irretrievably behind, with the constant prodding of that "still, small voice" which, like the New York policeman, is ever saying, "Move on, gentlemen, move on," and a day of rest with a place in which to enjoy it is, to the student discouraged with his work and tired both in mind and body, like an oasis to the weary traveler in the desert. Thoroughly appreciating the student's need of an occasional day of rest and recreation, our genial Professor of Surgery has offered to the students, in place of the usual prize, the free use of the grounds of the Manhattan Athletic Club for four successive Saturdays, an offer which was eagerly and gratefully accepted; and we trust the opportunity for good, healthful recreation will be thoroughly appreciated and enjoyed. Following this comes the kind invitation of Prof. Talcott for the Senior Class in parties of ten to visit the asylum at Middletown, enjoy a day's outing, and observe some of the evils which so frequently result from an overworked brain and a weakened body. Let every student make the most of these offers, and the end of the term will find him stronger, both physically and mentally, and better able to pass through the trying ordeal of examinations on the last great day.

THIS is an age of discovery, and not to be behind the times, the "old school," finding their attempts at the destruction of homœopathy by abuse and ridicule of no avail, have for a number of years been resorting to the flank movement of discovering in various drugs the wonderful virtues which have long been known to their friends the homœopaths. One of their recent "discoveries" is the wonderful

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efficiency of Thuya in the removal of warts and vegetations. One of their journals in reporting this discovery says: "Thuya Occidentalis (arbor vitæ) is credited with the remarkable property of causing the disappearance, in a very short time, of all kinds of vegetations and warty growths, by its internal administration. Many successful cases are reported by French physicians; in fact, it is said to seldom or never fail. Its action is regarded as quite phenomenal in this direction. Among others, Dr. Constantin Paul reports the cure, within fourteen days, of non-syphilitic warts which covered the genitalia of a woman. It is said to be equally serviceable in the case of condylomata and other similar growth." Further comment is unnecessary.

THE interest in baseball has revived much earlier than last year, and thus far has resulted in one match game and a brilliant victory. There is no reason why the students of a medical college should not take a certain amount of interest in athletic sports, although the advantages for frequent indulgence are not very great. There are several Saturday afternoons before winter closes down upon us which may be advantageously devoted to the invigorating sport, and the most should be made of the opportunities. Students as a class take too little exercise, and a few afternoons devoted to outdoor sport will no doubt prove beneficial.

Acute Enteritis with Perforation.

BY H. W. PAGE, M.D.

AT a quarter after midnight on the morning of October 26th I was summoned in haste to attend Mr. K——, aged 48, who with his wife had come on to the city two weeks before that he might undergo a course of treatment from a specialist (old school) for a chronic enteritis with ulceration, which had kept him in a miserable state for over a year. Antedating this trouble was a dyspepsia of long standing. He was receiving benefit from his treatment, which consisted of internal tonics and local injections. He had been across town and visited his physician on the afternoon of the 25th and was feeling ordinarily well. At 7 P. M., after a dinner on his usual limited diet, he suffered some discomfort in the stomach and thereupon took a warm bath, after which he felt nausea and vomited, followed by a painful liquid stool. (He ordinarily had two painless diarrheac stools per day.) Both troubles increased in frequency and severity. He retired at 9, and I was sent for at 12.30. Found the patient excessively restless, tossing about, hot perspiring skin, temperature 101, pulse (fairly strong) 100. Vomiting and stool every fifteen minutes. Neither very profuse, but both dark brown, almost black and horribly offensive. Tongue coated and dry; pain and distress in stomach and abdomen before each stool, exhaustion after; could retain nothing on stomach; much belching and passing of flatus. Complained of heat, and threw off clothing. Prescribed Ars. 3 x in water every ten minutes. No change at end of an hour. Rectal and vesical tenesemus (not severe) appeared. Introduced Merc. Corr. 6 x in alternation with Ars. 2.15 A. M.—No change. Had taken ¼ grain morphia per mouth just before I arrived, but vomited it at once. Now gave, hypodermically, ⅛th grain. *Had no more stools or vomiting.* The belching also, unfortunately (?), stopped, and the abdomen began to bloat, with severe general colic, cold face and extremities, with clammy sweat. Gave Verat. Alb. 1 x every ten minutes and abdominal hypodermic of ⅛th grain. Hot applications to extremities and abdomen; patient still restless and complains of heat. Gave glass of hot water to start belching, also glass of wine to stimulate. Stomach retained both, but had not desired effect. 3.15 A. M.—Patient sinking, same condition, feared perforation, advised wife of critical condition, sent for my friend, Dr. Stephen W. Roof. 3.30 A. M.—Dr. Roof arrived; patient cold and clammy; temp. 94.8; pulse very feeble and rapid; intense colic; abdomen bloated, tympanitic and sensitive; restlessness excessive, with tossing about and peculiar moaning. Dr. R. anticipated perforation and advised application of moist heat to abdomen; hypodermic of ¼ grain; brandy freely given, also whiffs of chlo-

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roform to revive failing heart. Morphia, with exception of first dose, had no effect either on pain, senses or restlessness. Deemed unwise to give any more. 4.30.—Collapse; pulseless at times, at others thready, barely perceptible; gasping for breath. Gave hypodermic of alcohol over heart. Dr. R. discovered marked aortic valvular trouble. The hypodermic failed to revive, and patient died in collapse at 5.20 A. M. Diagnosis: Acute enteritis, supervening upon previous chronic trouble, with perforation of the bowel at site of previous ulceration, the perforation taking place at about the time the first hypodermic was administered; the stools, vomiting and belching ceasing suddenly at that time, and patient going rapidly into state of collapse. Perforation caused by effort of vomiting, straining with stools or tossing about, and taking place at some ulcerated and weakened point.

Changes in the Tactics of the Enemy.

TRULY wonderful are the changes wrought by time; and it is perhaps well for the disciple of Hahnemann who, secure in his professional and social position, is engrossed in his art, or bent upon increasing the revenue he derives from it, to occasionally pause and reflect upon the transformations that are taking place about him which, while they may not affect him personally, will affect the future status of Homœopathy in this country.

We purpose to notice briefly one or two conspicuous changes that time has made in the bearing of the dominant school towards us.

Within the past few years the light of correct therapeutics has forced its way into craniums that used to be shrouded in darkness. A professor in Bellevue Hospital Medical College gives evidence that a ray of this light has illumined his cerebrum, for in a lecture delivered a few months ago he advises his pupils to give drop doses of wine of Ipecac for nausea and vomiting, drop doses of Castor Oil for diarrhœa; and so on through quite a long list of remedies. Evidently, also, a glimmer of the same light has penetrated the cephalic mass of a large number of practitioners of the school to which Prof. Smith claims to belong, for medical students are apt to be but planets that reflect the light of the preceptorial sun, and though we are still young we can recall a time when his very instructive lecture would have been greeted by his pupils, if not with a volley of eggs certainly with the cry of quackery, which used to be the old-school synonym for Homœopathy; and the board of trustees would have vomited him out of the faculty in a way that drop doses of the wine of Ipecac would not have stopped.

If Prof. Smith had been honest in this lecture we might rejoice at his change of practice, but he was not. He held Homœopathy up before his class and said: "This is not Homœopathy. It is not science. These are simply clinical facts for which I shall not attempt to give any explanation."

Prof. Smith in the use of our law and our dose, and in lacking the manliness to acknowledge the source of his light, gives a fair illustration of old-school tactics of to-day, as any one may see who reads their literature. Here we note one great change in the bearing of old-school medicine. They adopt our dose and give it according to our law. They remind us of the man of whom the poet said: "He takes what he at first professed to loathe," etc.

But this is not the only change that has come o'er the spirit of their waking hours. The time has been when he who accepted the law of similars as his therapeutic creed did it with the consciousness that ridicule and abuse would inevitably follow. That time is past, and to-day he who chooses to advocate and practice the teachings of Hahnemann, instead of fleeing from town to town to escape persecution, has but to settle down and reap a reward in proportion to his worth.

Here we may note another great change in old-school methods. But do these changes indicate that they accept Homœopathy as an established fact, and that the war is over? We think not. It rather seems to us that no period in the history of our school has called for sharper vigilance than the present; but if Truth can be lulled to sleep, Error will masquerade in

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her robes and much evil may be done before the fraud is detected. So long as the Homœopathic physician had to win professional and social standing from the dominant school by an open fight in a fair field the issue was not doubtful. The enemy soon saw this and, acting on the motto that discretion is the better part of valor, they called off their hounds and professed a truce, only that they might undermine our school and compass our downfall by strategy. Professing to tolerate us as members of the medical fraternity, and in this state even consenting to consult with us, they are our implacable enemy still, and while in most localities they have ceased to try to root out individual representatives of our school, they are no less determined that, as the distinctive name of the therapeutic belief of a class of physicians, Homœopathy must go. They see that the practice is steadily growing in popularity with the people. They know that in many instances their despised competitor gets his call simply because he is known as a homœopathic physician, and that this state of affairs must go on in constant aggravation as long as the accursed name is familiar to the public ear. Having failed to extirpate the school by the cautery of persecution, they now seek to remove the name by the process of absorption. To this end, as well as because they can no longer question their efficacy, they largely adopt our dose and our methods of prescribing. Of course, they adopt nothing from us! The progress of the age has improved the practice of medicine! No, they have nothing to do with Homœopathy! They condemn dogmas. But the impression on the public is fast becoming what they wish—that there is but little difference in the two schools, after all.

In view of these facts, what should be the attitude of the young men who are constantly augmenting our ranks? It is needless to address the veterans, for, having borne the standard through the heat of battle, they know their duty; but we say to the young men just training for the conflict: Stand by your name. Win your professional reputation as a homœopathic physician. By so doing you will reap a greater reward for yourself and leave a heritage for your successor.

Operation at the Hahnemann Hospital.

ON the 13th of October, by invitation of Prof. Wilcox, the entire Senior Class was given an opportunity of witnessing a capital operation of magnitude at the Hahnemann Hospital. The operation, which was the amputation of the thigh at the upper third, was performed by him, assisted by Dr. Knight and W. T. Helmuth, Jr.

The patient, a man of forty-seven years of age, was wounded at the battle of Cold Harbor during the late civil war, by a bullet, which crushed the femur. The wound remained a running sore for three years, when a sequestrum eight inches in length was removed. About two years ago the patient contracted malaria, from which he suffered a great deal. Last January he had a fall, and after a time the wound re-opened. He has had eight operations, two of which were performed by Prof. Wilcox, for removal of diseased portions of bone. At the last operation, owing to the extent of the necrosis, it was decided that amputation held out the only chance of affecting a cure or of saving the patient's life.

While the patient was being anæsthetized, Prof. Wilcox gave a very interesting and instructive lecture on the history of amputations, speaking of the methods used by the ancients; how they waited for the line of demarkation to be fully established between the living and dead tissues before operating, and then cutting through the dead tissues in order to avoid hemorrhage. He mentioned the earlier instruments used in amputating, as the chisel and cutting forceps, and that the hemorrhage was stopped by the application of hot irons or boiling tar. Also the introduction of the ligature by Ambrose Paré, the French surgeon, and the gradual growth of the circular and flap methods of operating were mentioned. The details of ligating the arteries, the coaptation of the flaps, and the use of drainage tubes, the dressing of the

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wound and the "antiseptic method" were given, and the operator's reasons for preferring the latter. These reasons were:

1st. The greatly decreased mortality since its introduction.

2d. The greatly increased comfort to the patient on account of the diminished liability to surgical fever, and the lessened necessity for frequent changes of the dressing; and

3d. The far greater *probability* of obtaining healing by first intention and under one dressing.

The Professor premised his remarks by saying that in amputating a patient's limb we were cutting off something which we could never replace, and that a serious operation of this kind ought never to be considered until every other available means of treatment had proven futile—that is, it should only be undertaken as a last resort to save the patient's life or to restore him to health.

He classified amputation as to place:

1st. An amputation in contiguity, in which a limb was removed at its articulation.

2d. An amputation in continuity, when the amputation is made through the shafts of the bones.

And as to time of amputation.

1. *Immediate*, when the amputation is performed immediately after receipt of injury in order to save patient's life.

2. Intermediate, when it is performed after patient has recovered from shock of accident, but before inflammation has set in.

3. Secondary, performed after suppuration has set in.

The methods of amputation are the circular, where the integument is divided in a circular manner and then dissected up and turned back, while the other structures are divided; and, 2d, the flap method, in which flaps are made of integument and muscular tissue to make a covering for the end of the bone and to make a good stump. For drainage tubes he uses either rubber or decalcified bone. The former was best when a great deal of suppuration was expected, and the latter when the wound was expected to heal by first intention. The decalcified bone drainage tubes last from a week to ten days.

After the patient had been etherized by Dr. Knight, the thigh was washed with a bichloride of mercury solution 1 to 2,000, and the wound cleansed with some of the same solution. Some cotton was then placed over the sinuses and held in place with a bandage. Esmarch's bandage was then applied and the operation begun. Lister's method, which consists of a long anterior and a short posterior flap, was the one employed, the length of the long flap being equal to one-third of the circumference of the leg at the point of section through the bone, the posterior being one-half the length of the anterior. Then the flaps being held back by a retractor, the bone was sawed off. After removal of the bone the remaining part was examined, and it was found that the diseased condition extended up further than was at first supposed, and one and a half inches more was removed. On attempting to ligature the femoral artery it was found that it was so brittle the ligatures cut through, and, after two unsuccessful attempts, a needle threaded with silk was passed under the artery, including considerable muscular tissue. This expedient proved successful. At this stage of the operation the patient appeared to suffer considerably from shock. The anæsthetic was removed and the patient given hypodermics of brandy, which revived him. All the larger vessels were then tied and the Esmarch removed. After as many vessels as possible were ligatured the wound was closed as quickly as possible, owing to the condition of the patient, who was still suffering from shock. The wound was closed with two rows of sutures; first, five wire and button sutures were put in to hold flaps together; then a row of deep silk sutures was introduced, and had there been time the edges of the integument would have been united by cat-gut sutures, but the patient's condition did not admit of it. The stump was covered with corrosive sublimate gauze held in place by a recurrent bandage.

NIGHT-KEYS, as a rule, have their hardest work to do in the morning.—*Puck*.

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Materia Medica.

WE wish to express our pleasure at the way in which we are, during the present winter, instructed in the powers and uses of drugs:

1. That the physiological action is made plain as a basis for the study of symptomatology.

2. That we are not deluged with a flood of symptoms which do not especially distinguish the drug from others, but tends rather to induce an Aconite anxiety and a Baptisia confusion of ideas.

3. That by impressing the similarity of drug effects to certain types of disease processes we are taught both in regard to the drug and the manifestations of the disease, one or more stages of which are simulated by it.

4. That by comparisons instituted, drugs alike in important symptoms are associated in the mind and at the same time sharply distinguished.

We understand that the classification of drugs as given last year is not materially changed, but that nominally fewer drugs are to be lectured upon, while others are to be introduced by way of comparison. We expect to *hear from all of them.*

Quinine and Malaria.

WE have been told that certain organisms ("Plasmodiums") have the intrusive habit of making their way into the blood, and by feeding upon the blood corpuscles produce anæmia and so-called malarial conditions, and that in the attempt to destroy the organisms or their germs, "the germs may prove to be as tough as the corpuscles of the blood."

Apropos of this, we abstract from Dr. Phillips's excellent work on the Materia Medica of the Vegetable Kingdom the following regarding the physiological action of quinine:

"That quinine in large doses is a protoplasm poison has been lately proved by a number of observers. * * * As long ago as 1849, Buchheim and Engel had observed that quinine had power to check the progress of alcoholic fermentation; and the interesting researches of Pasteur, which came later, directed general attention to the importance of the low organisms which are present in fermenting liquor. In 1868 Binz published his first researches, which made it evident that quinine exercises a restraining action on the growth and movements of protozoa, and in large enough dose destroys their life.

"In this and subsequent papers by Binz and by Scharrenbroich and Martin, it was further shown that this influence applied also to the *development and to the emigrations* of the *white corpuscles of the blood;* and although there have been disputes as to the degree of saturation of the blood with quinine which is required in order to arrest the movements of the corpuscles, there can be no question now that this action exists, and that it can be carried to an extent which is even fatal to the life of the animal."

If it is the prerogative of both the malarial infection and of the germicide quinine to so interfere with the rights and functions of the blood corpuscles, it seems not strange that both again should sometimes produce, as Dr. Phillips acknowledges, paroxysms of a similar character. Dr. P., however, denies the power of quinine to simulate "the periodical feature of the disease."

Never too Late to Learn.

WE clip the following from the *British Medical Journal* of October 9th:

"It is generally stated that, in cases of poisoning by belladonna, the temperature is lowered, or, at the least, not raised. In nine cases recently observed in Germany by Kratler and Strassman the temperature was distinctly raised in every instance."

An honest doctor writes to the same journal:

"I did not obtain my information of this use of Hydrarg. Perchlor. in this form of diarrhœa from Dr. Ringer's excellent work, as Dr. Macdonald perhaps supposes, but from probably the same source that Ringer obtained his, of which, to any one that knows, the book bears many traces, namely, from homœopathic treatises. But it matters not whence the knowledge comes, I know it to be an excellent remedy in the form of diarrhœa I previously described; if not

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adopted too late in the case it is invariably successful."

To THE CHIRONIAN:

WE would respectfully invite the attention of those who have been wont to ridicule the system of drug prescribing as taught by Hahnemann to Dr. Bowditch's reply to Question VIII., propounded by a member of the Hahnemannian Medical Society of the Boston University Medical College.

Question:

"Drs. Wood and Bartholow explain the action of certain remedies as substitutive or antipathic. How does this differ from the law of similars?"

Following is Dr. Bowditch's reply:

"By the term antipathic action of a drug we naturally infer that the effect of that drug in disease is the opposite of its effect when used in health; or, in other words, that it can cure in disease symptoms which it would produce in the healthy body. Thus in several forms of vesical irritation cantharides, in itself a marked vesical irritant in certain doses, often proves itself of great service in allaying the most distressing symptoms in that part of the system, a fact well recognized among regular physicians, and yet in this case again we see no evidence of an absolute "law of similars." We know that this drug has certain marked effects upon the vesical tract, but we know equally well that while its beneficial action in atonic and irritable conditions of that region is often marked, it is by no means an infallible remedy for all cases of vesical irritation."

Is there any homœopath from Hahnemann down so untrue to the genius of Homœopathy as to prescribe cantharis for "all cases of vesical irritation?"

If there is no other drug in the Materia Medica in the animal, vegetable or mineral kingdom that will produce symptoms of vesical irritation upon the healthy human body, then would there be more show of reason for the above criticism.

As the case stands we merely rise to make the correction, and to say that as students of the homœopathic method of prescribing drugs we are taught preëminently to avoid routine practice, to individualize our cases so that if, as is most often the case, the patient presents other symptoms than those of vesical irritation, these, too, are to have their due weight, and *may be all important* in the selection of a remedy which shall cover the morbid condition as a whole and so remove the more obvious symptoms of vesical irritation.

Perhaps it is well that homœopathy should continue to be taught, and that the facilities of those who devote so much of their time to the inculcation of its principles should be increased, and that the name should be preserved until at least those who object so strenuously to its use shall have some adequate knowledge of its true import.

Funny Side of Microbes.

EVERYTHING is running to microbes in these degenerate days. Our bread, butter, potatoes and beer are one wriggling mass of worms, and all the diseases that once amused a free people are now attributed to bugs.

A man cannot have a violent attack of good, old-fashioned cholera morbus, but what some physician with a microscope finds that he has become an incubator for little beasts, and the dear old pains in the stomach that afforded us so much pleasure and spiced our happiness in boyhood are said to be a national convention of *bacilli.*

The commonest form of diarrhœa is directly attributable to a picnic of animated commas, and even true love is so mixed up with worms that a fellow is afraid to kiss his best girl, lest she should crawl off and die. If a fellow finds his lungs at variance with himself, he at once infers that the bugs have congregated for a pulmonary camp meeting, and if his heart palpitate, he has to lie down under the conviction that a lot of mischievous young germs have gone swimming in his life-blood.

We are doomed to be infested by worms all the days of our lives, and in death we are promised that they will be continued in our next, like Mrs. Southworth's exciting yarns in the New York *Ledger.*

From the cradle to the grave we are portable

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battle-fields for unregenerate bugs, and all the efforts of psychology and thingmajigology are being bent to the task of proving that civilization only adds to our wormy condition. All the triumphs of art, science and religion are but the wrigglings of infinitesimal worms; and all the beauty of heart, face and mind which we see about us is but a flossy cocoon wound about creeping things.

Before this awful discovery was made a young man could kiss his beloved at the garden gate and go home and sleep sweetly and enjoy pleasant dreams of rosy lips and bright eyes and other intoxicating hereditaments thereunto belonging and to them appertaining; but now, in this age of progress, he presses his worm-eaten lips to the bug-infested cheek of his darling, and at the moment when he should feel the wavelets of bliss surging up his spinal column, he hears the voice of conscience crying "rats!" and he wilts and seeks his couch to dream of loathsome worms.

For my part, I do not thank science for revealing all the zoölogical phases of life to me. It has gradually impaired my digestion to sit down to the table convinced that the formerly palatable dishes that I prized so much are but insects and crawling things served up in a variety of styles. It makes me ill to think that I was a fool when I referred in a sarcastic tone to the favorite grub of the plain, unostentatious Digger Indian. I sowed the bug in so doing, and now I am reaping the humbug in broadcloth and blushes. I have seen my appetite pine away and die in contemplation of its own baseness, and as water has been scientifically discovered to be the bug-juice of the age, I have sworn off drinking it. I have pledged myself to my withered stomach not to look upon water when it is wet, and now I drink nothing but harmless whiskey and gin fizz. I have eschewed the sherry cobbler and the rum punch, because there is vile water therein. I only drink that which has never known water except by reputation. I prefer the worm of the still to those active little wretches that do not know how to be still. It gives me more rest and my stomach seems to be better contented in its presence.

Science has carried its great bug theory too far. It has made our lives one great gob of sadness and soured the wine in our cellar of existence. It has robbed us of our stomachs and turned our livers over in sorrow. It has made a happy world dyspeptic and wretched and paved the broad road that leads to a drunkard's grave. It has revolutionized life and made death terrible, and it has made it necessary to again revise the Holy Book, for that old expression, "Earth to earth, dust to dust, and ashes to ashes," will not work. It should read, "Germ to germ, bug to bug, and worm to microbe."—*Health Record*

Prominent Symptoms Presented by Infants in Disease.

THE young physician frequently finds himself in an awkward and disagreeable position when he is called to see a sick baby; it cannot speak and explain its troubles and its pain-distorted little face, its moaning and crying are without any meaning to him. A pædologist, however, through constant practice, finds a number of peculiarities in the actions and facial expressions of the child, which are to a degree pathognomonic of certain diseases, thus enabling him to find the seat of the disease approximately. This interesting subject was recently treated in a lecture before the meeting of naturalists at Berlin, by Prof. Soltmann of Breslau.

As an introduction he declared that even a perfect familiarity with the physiognomy of children by no means exempts the physician from the duty of examining the little patient thoroughly. He first called attention to the great eloquence of the eyes, which in the healthy child look bright and gay, while in the sick they are dull, dark and deeply sunk back into the orbits. The face of a healthy infant, in the opinion of all—except its mother—is full, rounded, without expression and shows nothing but quietude and peace, undisturbed by any impressions of cerebral activity. Like the face, so also the gesticulations of the child, the movements of its little body, the kicking and rolling

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around and stretching in its bed, indicate perfect health.

All this changes immediately when the child gets sick. The face at once takes on a distinct expression of suffering, the gestures change and become so characteristic that, from them alone, one can frequently recognize the seat of the disease.

When the child cries out violently, with far open mouth and closed eyes, one can, before having examined the respiration, be pretty sure that it has whooping-cough. If the child puts its hands to or into its mouth, teething or some diseased process in the buccal cavity is going on. In colic the legs are flexed upon the abdomen and quickly withdrawn from it again, and the child cries, may be bathed in perspiration and have a reddened face.

Very sick children, however, do not cry, as is the case for instance in severe affections of the respiratory organs, peritonitis, etc. The child then has an exceedingly sorrowful, depressed expression, as though it would like to cry out with pain, but suddenly changes its mind. Characteristic, and always differing from one another, are the positions of children in pneumonia, pleuritis and peritonitis. In pneumonia the children always lie quietly on the back; in pleuritis they always lie on one side, always the diseased one, and if they are taken up, lean over to the sick side. In peritonitis, on the other hand, the children lie on the back, with drawn up legs, and the face again expresses sorrowful depression. In croup, on account of the diminished calibre of the trachea and the consequent difficult breathing, the face has an expression of dreadful anxiety and fear, and all muscles of the chest and neck which take part in respiration are in violent action; but one look at the quiet alæ nasi and the diaphragm is sufficient to indicate that there is no immediate danger.

A similar anxiety is also visible on the face of a child suffering from heart disease, but it has a more rigid, motionless expression; its helpless looking eyes are widely opened; its muscles, no more sufficiently nourished by the blood, become relaxed and elongated—"the child makes a long face."

The facial expression in diseases of the brain is also peculiar; the features change entirely and look perfectly strange; rigid, earnest, almost serene quietude is expressed on the face in meningitis; the head is drawn back, the eye immovably fixed upon one point, the eyebrows are corrugated and the lips firmly compressed. Where these conditions are present, attacks of convulsions with death will not be far off.

Also in diseases of the intestinal tract the study of physiognomy furnishes valuable information. In severe grades of entero-colitis the face indicates disgust, the tongue is put out, etc. The body of the little one in intestinal inflammation gets dry, mummy-like; the child looks like an old man, all fat disappearing from beneath the skin.

In this manner the lecturer gave some characteristic peculiarities in the face and gestures of the little patients for every group of diseases occurring in the infantile age. In the debate which followed the reading of this article, Prof. Henoch made the following remark: "Healthy infants always lie with their little hands raised, so that the tips of the fingers are about on a level with the ears. When a child gets sick, it no longer retains this position, but the hands drop laxly down."

From this short exposé it will be seen that the sick child has a language of its own, which is not generally understood, but which is extremely expressive to him who makes diseases of children his special study.

A Peculiar Case of Pregnancy.

BY PROF. W. O. M'DONALD, M.D.

AN imperfect sketch of the peculiarities of the case which is the subject of this article was presented to the Obstetrical Society last spring.

The patient, a young woman twenty-six years old, was married on April 28, 1885.

She began to menstruate at the age of thirteen years. She never suffered from the performance of the function. It lasted regularly for six or seven days. It always returned on or about the twenty-eighth day.

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She never presented any leucorrhœa, nor did she observe any pelvic pain or distress.

During her married life the menstrual period presented no aberrations.

Her last menstruation began on November 12th and continued for six days, and during this time she felt even better than usual.

On December 15th she had the first attack of nausea, which returned at intervals until the 28th, when after a severe attack of vomiting she felt a sore lump in the right side of the lower part of the abdomen.

She thought she was pregnant, but as she did not consider that such a "find" belonged to this condition she came to me on January 3d for an examination.

Nothing peculiar was found on inspecting the breasts and vulva.

The vagina was moist, not particularly dark. The cervix was soft, large in all its dimensions, the lower end rather low in the pelvis, long, curled so as to correspond to the curve of the bony canal, and, as far as it could be traced upwards, without any suggestion of enlargement.

There was what appeared to be some erosion of the mucous membrane of each lip of the cervix continuous through the os into the canal. There was also pronounced definition of the lips into anterior and posterior. Careful search in the vaginal cul-de-sacs failed to develop anything unusual.

Above the brim some vague inclination in the left side of the pelvis, of which I could make nothing, and in the right side, lying behind the inner end of Poupart's ligament a globular mass, somewhat sensitive, which could easily be pushed over into the median line, and which in an uncertain kind of a manner impressed me as being continuous with the cervix, as felt by the finger in the vagina.

In addition, I could feel the right ovary to the right of and posterior to what I took to be the uterus, but could get no trace of the left.

The mass was rather more than two inches in diameter, according to my impression; it was not measured then, but I estimated that if the curl could be taken out of the cervix and uterus it would certainly have extended two inches above the brim.

She suffered from three attacks of illness in all while under my observation. They were very much alike, beginning with severe vomiting, pain and tenderness. More pronounced in the uterus. Rapid pulse and elevated temperature. During the last attack, which began on February 17th, the pulse was noted at 108 and the temperature at 100° in the mouth, the pain was both constant and paroxysmal, and the tenderness was hypogastric and right and left inguinal in location. The duration of this seizure was about a week, and as it was to a certain extent suggestive of extra-uterine gestation it made me rather uncomfortable.

On February 23d, the uterus extended, by measure, six inches above the symphysis; its greatest transverse diameter being four and a half inches.

The cervix was lower than ever in the pelvis, curved forwards, longer; it was soft, moist and gorged with blood, the anterior and posterior lips very pronounced, and it could now be appreciated that it moved to and fro with the abdominal mass.

The mass which represented the uterus was from the first symmetrical, and nothing was found to suggest that there might be a double uterus.

There had been no discharge of any kind. Auscultation had been essayed on two occasions, but with no result, owing to the racket raised by the motion of gas and fluid through the intestinal tube.

On March 27th the uterus extended one and a half inches above the umbilicus; the greatest transverse measurement was five and a half inches. It was perfectly free in the abdominal cavity and could be pushed from side to side.

The uterus was knob-shaped, its greatest transverse diameter being near its superior extremity; its antero-posterior dimensions being seemingly at the same level and about the same as the transverse.

The fœtal heart could not be found, but the uterine souffle could be obtained just below the greatest bulge of the mass.

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This patient's home is located in one of the Western States.

I am informed that she was safely delivered on August 19th, and, while I am not in possession of any details, I have reason to infer that the labor was not unnatural. The child has been reported to me as weighing seven and a quarter pounds at birth. Parturition took place just two hundred and eighty days from the beginning of the last menstrual period and two hundred and seventy-four days after its termination.

Supposing impregnation to have taken place on November 18th, the day the flow ceased, on January 3d, the forty-sixth day, the uterus extended between one and two inches above the brim of the pelvis. On February 23d, the ninety-seventh day, it reached, by measure, six inches above the brim; and on March 27th, the one hundred and twenty-ninth day, it had risen one and a half inches above the umbilicus.

On January 3d the breadth of the organ was about two inches.

On February 23d the greatest breadth was four and a half inches.

On March 27th the greatest breadth was five and a half inches.

Leishman, p. 146, says: "During the first twelve weeks of gestation the womb remains within the true pelvis, or cannot at least be felt above the pubes." "In course of the fourth month the fundus can usually be felt, by the finger of the accoucheur, above the pubes." "Very generally it will be found to have attained the level of the umbilicus some time in the course of the sixth month."

Thus, it appears, that in the seventh week of pregnancy the uterus was found to extend as high as we ordinarily find it in the fourth month.

And that within one hundred days it went up to the position proper for the sixth month.

And that in the nineteenth week its upper border had attained the limit which belongs to seven months.

In regard to the transverse dimensions noted in this case, I am not in possession of any facts which would warrant one in attempting to establish any standard for the rate of growth of the uterus in what may be called normal pregnancies. At the same time, I have an impression that the measurements given would correspond in a general way with those to be obtained in a large majority of pregnant women, and I will consequently not attempt to make any comparisons in this direction.

It seemed that the growth of this uterus was mainly shown by its increase in length, excepting at the fundal end, where it expanded in all directions, thus giving origin to the globose or knob-shaped extremity.

Time proved that this was a case of pregnancy, and it went on to what may be called a natural termination.

Its mode of growth for the first four months, at least, was irregular.

I am not yet clear as to the anatomical anomalies which were responsible for this irregularity.

The recurring attacks of illness, vomiting, pain, tenderness and fever, the undoubted inflammation which existed in the pelvis, first suggested extra-uterine pregnancy. But the motility of the mass and the evident location of the pain and tenderness in the uterus soon eliminated this condition.

The next supposition was a pregnant single-horned uterus, and this was favored by the fact that the organ lay on the right side, and that, while the right ovary could be felt, there was no trace of the left.

But the pregnant uterus inclines to the right side in a majority of cases, according to Leishman; and the fact that the left ovary could not be felt goes but a very little way towards proving that it was not there.

Vaginal examination furnished nothing to suggest that there was a double uterus, or that there was a single lateral uterus.

Such lateral growth as took place was symmetrical, there being no differences to be observed between the two sides of the mass.

Finally, we have the supposition that the ovum lodged at the fundal end of a very much elongated uterus. Growing here it expanded so fast that the walls of this part of the organ could not keep pace with it at first, and their giving way, in part, gave rise to the attacks of inflammation.

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Later, in all probability, it expanded below, and at the end it came to occupy the utero-cervical canal very much after the ordinary fashion.

I incline to the opinion that this explanation approximates to the truth in this singular case.

Translations.

BY S. LILIENTHAL.

Hydrate of Chloral for Insomnia.

DR. STARCKE and Dr. Gurzburg recommend an enema of Hydrate Chloral for insomnia. It must never contain more than fifteen grains; ten and less often suffice. The rectum must be emptied of fecal matters by a simple enema, and then the Chloral applied, dissolved in warm water, nearly at the same temperature as that of the blood. Generally the number of injections can be diminished, so that its application may be only necessary every other evening or once a week.

—*Allg. Med. Cent. Zeit.*, 33, 1886.

Ramolissement de cèrvelet (*softening of the cerebellum*).

AS an appendix to the excellent article published in the March number of the *North American Journal of Homœopathy* by our friend, Dr. W. M. Butler, it may, perhaps, be of some interest to add another case of cerebellar disease:

Dr. Thierry, of Paris, publishes in the *Progrès Médical*, No. 1, 1886, the following case:

D., thirty-one years old, entered hospital February 23, 1885. Except an attack of articular rheumatism, from which he suffered the preceding years, he always enjoyed good health, and all abuses in Baccho et in venere are strictly denied. About a month ago he began to complain of *severe headaches*, of *mucous greenish vomiting*, at first more rarely, then several times daily. Attacks of *stupefaction*, transitory deficiency of sight, an unusual debility of the extremities of the left side, rendered gradually the gait of the patient insecure, so that he looked as if under the influence of liquor. Sometimes he had to sit down to prevent falling, and repeatedly he fell down stupified in the midst of his work. A convulsive or apoplectic form of attack, with unconsciousness, was never observed. At present he complains of excessive debility of the whole left side. He cannot stand straight and has to lie continually on his right side. The left extremities are not paralyzed, but their movements are slow and without energy. The left hand can only be incompletely opened. The extension of the thumb, of the index finger and of the first phalanx of the middle finger is alone possible; the other fingers remain flexed like a claw. No contracture, no convulsive tremors. On the right side motility not disturbed. Sensibility is preserved on both sides; somewhat weakened on left side, where, also, the reflexes manifest themselves in a less degree than on the right side. Neither atrophy nor cutaneous lesions. Continual, intensive pains over the whole head; surging in the ears, with diminished hearing on the left side. Amblyopia, and dilatation of the pupil ad maximum, on left side. Apathy, continual somnolence, dreaming and uttering unconnected words. When roused up responds correctly. Temperature in axilla, 36.3; pulse, 50, not intermitting; sounds of heart clear. Respiration regular, 16 to the minute. Vomited twice in the evening. Ordinatio kali iod. 2,0 pro die. State remained the same February 24th–26th. The scanty urine contained neither albumin nor sugar. February 27th, coma and cyanosis sets in. The dilated pupil contracts like the right one. Exitus lethalis, 10 A. M.

Autopsy.—Internal organs normal. Brain: Meninges free from adhesions; not a trace of inflammation or of miliary granulations. The blood vessels of the pia filled with dark blood and appear raised up over the surfaces of the convolutions. The ventricles filled with a clear, serous fluid. Superficial softening of the walls of the right lateral ventricle; consistency of brain mass otherwise normal. Cerebellum: Softening of the left cerebellar lobe in its totality, its anterior and posterior parts form a grayish-white streak. The most centrally situated white parts, constituting the foot of the

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peduncle, are the only parts which preserved the normal consistency. Another focus of superficial ramolissement is found at the anterior end of the right cerebellar lobe. The middle lobe is intact, also the bulbus and the pons. The truncus basilaris is open in its whole extent, but a coagulum clogs in the length of one centimetre the left arteria cerebelli inferior posterior, coming from the vertebralis. Microscopic examination (Prof. Cornil) reveals the presence of many granular cells in the softened parts.

Here again we may follow Dr. Butler and refer the reader to *Reynold's System of Medicine*, Vol. II., p. 279.

Rosenthal (Eulenburg's Encyclopædia, Vol. V., p. 622) considers as the characteristic symptoms of a cerebellar tumor: neuralgia, mostly occipital headache (with frequent vomiting), increased by percussion, vertigo (in lying, sitting, walking, even when supported), oscillating gait like drunk; convulsions, hemiplegia, amblyopia, converging squint, disturbances of speech and of hearing may also be observed. We never meet here the lancinating pains of tabes nor any weakness in the sexual sphere or sphincters.

College Notes.

KLINE has come back.

GET your summer clothes dyed.

LOST—A rose-bud; return to "Martino."

WHO is the Freshman so conspicuous in the front ranks?

WHAT 's the difference between "Sore-eye-asis" and Conjunctivitis?

W. S. PUTNEY, '82, Milford, Conn., made us a short call a few days ago.

PROFESSOR MOFFAT's quiz before the lecture makes the Middle men wilt.

DR. EDWIN DE BAUN, '85, recently of this city, has removed to Passaic, N. J.

DID you see the procession? How much cold to the square inch did you "catch"?

PARKER, '88, has returned. He received a cordial greeting from his classmates.

IT is reported that the president recently elected by the Juniors will graduate with '88.

JEWETT and Robinson take the quizzes in clinical ophthalmology. Just ask Jewett where the "posterior centre" is, and hear him answer.

R. H. CURTIS, M.D., professor of surgery in the Homœopathic Medical College in San Francisco, is attending the Polyclinic and also some of our clinics.

C. N. PAINE, '85, has resigned from the hospital staff of the Cumberland Street Hospital. He held the position of assistant surgeon. A successor is desired.

THE student who claimed that certain drugs were *phytolactic* against the evil effects of a wetting must have had "stiffness of the jaws, with a feeling like mumps."

SAWYER went home to New Hampshire to vote. He claims that his vote carried the town, possibly from the fact that the name of the successful candidate for Governor is Sawyer.

LABORATORY work has begun, and the lower lecture-room presents an animated appearance when the classes in urinary analysis, urinary sediments and histology are all busily at work.

DIALOGUE.—Student: Professor, you will observe I came in late.

Professor: Yes; but I would rather observe you come in on time.

Silence.

SOME of the students who were missed from the front rows on election day must have labored heavily under the burden of duty, since it took a whole day for them to cast their votes and recover from its effects.

G. R. SOUTHWICK, M.D., lecturer on Gynæcology in the medical department of Boston University, was present at several of Prof. Danforth's recent lectures. Dr. Southwick, though a young man, is very favorably known among the profession.

PROFESSOR: What can you say about China in anæmia and exhaustion?

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Student (slowly): It is of great value where there is a loss——.

Professor (impatiently): Yes! yes! yes! a loss of animal fluids. Just as easy to tell it fast as slow.

THE Chemical Laboratory this year will have as assistants to Dr. Porter two members of the Junior Class, who have made a special study of chemistry. These gentlemen are Mr. E. G. Tuttle, A.B., graduate of Amherst College, Class of '85, and Mr. W. H. Bennett, A.B., a graduate of Brown University, Class of '86.

THOUGH there may be no written law compelling one to take off his hat when entering the amphitheatre, yet there is a traditional and long-established law to that effect, which will not permit itself to be trampled upon by certain well-known Freshmen. We trust that we will not be obliged to allude to this matter again.

THE attention of our readers is called to the advertisement of Messrs. Waite & Bartlett, manufacturers of electrical instruments for medical use. We have received a number of testimonials all speaking in the highest terms of their instruments, and especially of their "cabinet batteries." We would advise all who intend buying a battery to call upon them before purchasing elsewhere.

THE University and the College of Physicians and Surgeons had arranged to play a game of ball on the Polo Grounds on the afternoon of Saturday, October 30th. The University nine was there, but only five of the opposing team made their appearance. The game was given to the University by a score of 9 to 0. The defeat which we gave the P. and S. boys must have disheartened them.

NOTHING is more inspiring to a teacher or renders his work more of a pleasure than the feeling that he occupies a warm spot in the heart of each of his pupils. As a slight token of the affection and esteem which the Class of '87 has for Prof. Helmuth and in remembrance of the anniversary of his birth, they presented him with a handsome study lamp on Monday, November 1st, the first lecture following the anniversary. In accepting the token of esteem Prof. Helmuth said he should look back upon this occasion as one of the many bright spots which dot the pathway of his life's journey, and should always look with pleasure upon this pleasant reminder of the Class of '87.

Our Boys Play a Game of Baseball.

A VERY interesting and exciting game of baseball was played at the Manhattan grounds, this city, on the 23d ult., between a picked nine composed of students of our college and a nine, made up in the same way, of students of the College of Physicians and Surgeons (Allopathic) of this city. When the two nines came upon the field, before the opening of the game, the chances for our boys looked doubtful, to say the least of it. The pitcher for the opposite side was a fair specimen of pugilistic development, and looked as if he could perform his part of the work in a manner decidedly dangerous to all who opposed him, but so many liberties were taken with the ball by the Homœopaths that he was asked to retire later in the game, and his place was taken by a more expert pitcher, but not until the fate of the champions of "big doses" had been sealed for the day. The playing of the P. and S. boys went from bad to worse, but they stuck it out bravely against their more scienced opponents, and at the end of the seventh inning had managed to score five runs. The game was "called" at this time, owing to the approaching darkness. Our players, who delighted in the name of the "Little Pills," were as follows, and all did most excellent work: Griswold, pitcher; Lyons, catcher; Hamlin, Arthur and Johnson, basemen; Hard, shortstop; Graves, Landauer and King in the field. Griswold and Lyons worked magnificently together, and first and second basemen of the same nine made a very pretty double play. There was great applause from the large audience as, during the progress of the game, one side or the other took in flies or scored runs. Score at close of game stood: Homœopaths, 14; Allopaths, 5.

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OUR college Dispensary is, as the following report shows, in as flourishing a condition as ever. During the month of October there were 2,106 prescriptions given, 720 new cases treated, of which 104 were children under 14 years, 178 visits to the poor made, and 26 surgical operations performed. As the Dispensary is located in the same building with the College, it is of great benefit to our students, on account of the good cases sent to our clinics. During last summer's vacation a number of our Seniors were constant attendants at the children's, women's and surgical clinics. The Ophthalmic Hospital, also in the same building, shows itself as not being behind in its usual number of cases treated. During October the number of prescriptions given was 4,212; new cases treated, 830, of which 552 were for the eye, 117 for the ear and 161 for the throat; patients resident in the Hospital, 26; average daily attendance, 162; largest daily attendance, 230. Some of our last year's graduates are at present attending the lectures given at the Hospital, with the view of obtaining the degreee of "O. et A. Chir."

BELOW we print a list of the new men entering our college this year. At this early date we cannot tell how much the number will swell, as some come in as late as Christmas. They are mostly graduates from literary and other colleges, as only four of them were required to pass an entrance examination. We point with pride to such a list of college men, as it not alone raises the standard of the college, but also will be an honor to the homœopathic profession at large.

Allen J. H.....Connecticut
Allen, P.....New York City
Baker, C. R.....New Jersey
Bennett, W. H.....Massachusetts
Boocock, F. B.....New York
Bunn, F. C.....New Jersey
Campbell, J. B.....New York
Capen, S. R.....Massachusetts
Church, H. A.....New York
Cole, A. S.....Connecticut
Connell, J.....New Hampshire
Cummins, J. S.....New York
Curran, E. J.....Pennsylvania
Denison, J. W.....Connecticut
Dows, F. Le C.....New York City
Dunlevy, D. C.....New York
Dunn, J. A.....Pennsylvania
Elliot, A. H.....New Jersey
Engelhardt, H.....New York City
Finerty, J. W.....New Hampshire
Hallett, J. D.....Connecticut
Hardy, W. J.....New Jersey
Harrison, J. B.....New Jersey
Honan, W. F.....Kentucky
Howes, R. W.....New York City
Hoyt, W. R.....New York
Jenkins, J. H.....New Hampshire
Kellogg, F. B.....Connecticut
Laidlaw, A. H.....New Jersey
Laidlaw, G. F.....New Jersey
Lewis, C. H.....New York
Lewis, F. A.....New York
Luce, D.....New York
Mitchell, C. T.....Connecticut
Morrison, H.....New Jersey
Opdyke, C. P.....New Jersey
Quackenbush, E. M.....New York
Queen, L. A.....New York City
Rathbun, G. A.....New York City
Sword, G. P.....Massachusetts
Schafmeister, J. A.....Connecticut
Tuttle, E. G.....Massachusetts
Watson, W. A.....New York
White, J. B.....New York
Wilcox, C. E.....New York

THE names of the members of the graduating class were posted on the Bulletin a few days ago. Fifty-three aspirants for the degree from our college comprises the class. The Freshmen look with awe upon such an array of wisdom, and involuntarily the thought arises, "Shall we ever rise so high?" Even the Middle man, inspired with the hope of some time gaining such an honored position, looks upon the "most potent, grave and reverend Senior" with envious eyes, and longs for the day when he, too, may occupy the "bald-headed" row in the quizz and look into the professor's face with an unconscious air of great wisdom as the ever-ready answer flows from his lips.

EASY SHAVING.

THE Boston *Post* says that "barbers were originally surgeons" and adds, apparently with much feeling, "a great many of them are now."

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Exchanges.

THE November *Century* will be found of especial interest from the fact of its beginning the publication of "The Life of Lincoln," by his private secretaries, John G. Nicolay and Colonel John Hay. From an historical point of view the value of the work must be ranked high.

Theodore Roosevelt contributes a paper on "Machine Politics in New York City,"—a subject of which he has made a comprehensive and suggestive study, and one which deserves careful consideration by all who are at all interested in New York politics. "The Need of Trade Schools" is the subject of an illustrated paper by Colonel R. T. Auchmuty, who discusses his subject with reference to what is being done in this line of progress in different parts of the world.

On the side of art and archæology there is an illustrated paper by Dr. Charles Waldstein, on "The Temple of the Ephesian Artemis, and the Ancient Silver Patera from Bernay." The fourth illustrated paper is contributed by Dr. B. E. Martin, on "Old Chelsea," and consists of chat about the literary and other localities and celebrities of that fast changing quarter of London.

The climax of the war is reached in the military series at the battle of Gettysburg, which is to be described by Generals Hunt, Longstreet, Doubleday, Law, and Alexander. The part of General Hunt's contribution, which deals with the first day's battle, appears in the present number, prefaced by a paper on "Hooker's Appointment and Removal," by "An Officer at the Headquarters of the Army of the Potomac," revealing the political aspects of those events.

Under fiction, besides the tenth part of Mr. Howells's novel, "The Minister's Charge," there is a short story of the East and West, by Mrs. Mary Hallock Foote, "The Fate of a Voice," and the first part of a novel by Frank R. Stockton, entitled "The Hundredth Man," which is in an entirely new vein, showing a more serious bent than heretofore. The other departments are well sustained, and contain much interesting material.

The following exchanges have been received: "The Medical Institute," "The Southern Medical Record," "The Pacific Record," "The Homœopathic Physician," "The Willistonian," "The Century," "The United States Medical Investigator," "The Swarthmore Phœnix," "New York Medical Monthly," "Denver Medical Times," "The Health Record," "Journal of Reconstruction."

Book Notices.

A Lecture on Homœopathy. By C. WESSELHOEFT, M.D. Boston: Otis Clapp & Son, 1886.

THIS is the third edition of the excellent lecture of Dr. Wesselhoeft's, which was delivered some time ago before the members of the Boylston Medical Society of Harvard Medical School. It will bear a careful perusal.

WE acknowledge the receipt of the eighth volume of the Publications of the Mass. Homœopathic Medical Society.

WE have received the Literary Circular announcing the new edition (fifth) of Helmuth's Surgery. Many additions have been made, and the whole book re-arranged and revised, much increasing its value as a system of surgery.

A Candid Epitaph.

IN an old English churchyard is the following epitaph:

"I was well;
I desired to be better,
I took physic,
And died."

TWO OF A KIND.

PATIENT: Well, doctor, what do you call it?

Doctor: Progressive paralysis.

Patient's Wife: Is it anything like progressive euchre, doctor?—*Ex.*

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THE CHIRONIAN

PUBLISHED SEMI-MONTHLY BY THE STUDENTS OF THE HOMŒOPATHIC MEDICAL COLLEGE.

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THE CHIRONIAN.

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WE clip the following from the *Medical Record*: "A Free Hospital for children costing $300,000 has recently been erected in the upper part of the city and placed in charge of homœopathic surgeons (!) and physicians. No doubt we shall be freely charged with maliciousness and envy in saying that the placing of serious cases of illness in care of genuine homœopaths is little less than a crime. This is our very unbiassed opinion, however, which, if the homœopathic physicians in question are, as is the rule, men who use a little homœopathy and a great deal of ordinary medicine, then it is a case of misrepresentation, not to say humbug."

Is all this gratuitous opinion the result of the solicitude which our "friend" has for the patients under homœopathic treatment, or is it like the last wail of a drowning man who sees the plank upon which he has been depending for support gradually sinking from under him? What is there so criminal about a homœopath treating serious cases? If he cures them, and as a rule he succeeds far better than his old-school rival, as we shall presently show, wherein is the crime, unless it be in the fact that the allopath thereby loses the case? It is all very well for our friends of the "regular" school to deny the superiority of homœopathic treatment, but where is the proof? How often have we tried to gain admittance to hospitals that the two methods of treatment should be tried side by side, and thus the comparative successes once for all determined to the satisfaction of the old school. Why have we failed to obtain this privilege? Simply and only through the efforts of our old school brethren, who feared that the results thus obtained would be adverse to their much-vaunted superiority. We are sorry, and yet not surprised that our "friends" do not believe much in statistics. Let us quote a few for their consideration.

The two city hospitals of Albany, New York, for the year ending September 30, 1883 (see report of Board of State Charities), reported: homœopathic mortality, 5.33 per cent.; allopathic mortality, 7.26 per cent.

In the Brooklyn hospitals, same year, homœopathic mortality, 8 per cent.; allopathic mortality, 9.48 per cent.

In the Buffalo hospitals, same year, homœopathic mortality, 5 per cent.; allopathic mortality, 14.73 per cent.

In the four New York insane asylums, same year, homœopathic recoveries, 40.59 per cent.; three allopathic asylums, recoveries, 25.37 per cent. Homœopathic asylum mortality, 4.39 per cent.; three allopathic asylums, 6.49 per cent.

Fortunately we are not restricted to the results of treatment in hospitals and other public institutions for our statistics. About fourteen years ago a well-known life insurance company

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of New York City conducted a series of examinations of the records in the health offices of several of our largest cities with a view to ascertain the comparative mortality in the practice of physicians of the two rival schools. These investigations embraced the records of Boston for three years, 1870, '71 and '72; of New York for 1870, and '71; of Philadelphia for 1872; of Newark, N. J., for 1872, 1873, and of Brooklyn for 1872 and 1873. These ten tables of statistics yield the following results, showing the average number of patients lost by each homœopathic and each allopathic physician in each of those cities:

	ALLOPATHIC LOSSES.	HOMŒOPATHIC LOSSES.
Boston—		
1870.....	17.76	10.05
1871.....	14.76	8.25
1872.....	19.63	8.26
New York—		
1870.....	15.75	9.00
1871.....	15.78	7.97
Philadelphia—		
1872.....	19.03	12.87
Newark, N. J.—		
1872.....	27.54	12.92
1873.....	15.39	9.56
Brooklyn—		
1872.....	24.08	11.62
1873.....	21.56	9.95
General average..	17.88	10.02

1872 was the year of the terrific epidemic of small-pox in Philadelphia.

As for serious cases yellow fever is a very fair sample, in which in various parts of the South during the epidemic of 1878, while the homœopathic physicians had lost four to eight per cent., the allopathic loss was thirteen to eighteen per cent. In Chattanooga, Tennessee, where the disease raged with peculiar malignancy, the homœopathic loss reached the startling figure of 36.4 per cent., the allopathic mortality was 45 per cent. And yet it is "little less than a crime" to place serious cases of illness in the hands of the homœopaths. Do the figures show it? We think not. It would appear that our friend of the *Record* has either let his prejudice get the better of his wisdom, or else that his ignorance of homœopathy is only equaled by his inability to write correct English.

AT last our hopes of having a college library seem to be on the road to realization, as the Hahnemannian Society, with commendable enthusiasm, has taken hold of the work in a systematic way, which ought to be productive of good results. We have already heard whisperings of a possible addition of quite a large number of volumes, and with a little start and some hard work on the part of the Library Committee, the end of the year should see the undertaking in a fair way of success. Our alumni and others who may be interested, seeing the effort which the students are making, should respond favorably to any calls for assistance which the committee may make. All can surely do something, even though it be but little. We hope to see a continuance of the lively interest now being taken, and with this much good may be accomplished. Let the good work go on.

A New Homœopathic Hospital for Children.

ON Tuesday, November 9th, was dedicated a new free hospital for children. This magnificent charity was built and endowed by Mr. and Mrs. Frederick Delano, of this city, and will be a lasting monument to their spirit of true charity, which has prompted them to remember in such a way the suffering poor of the city, whose children, from lack of care and attention, are dying in great numbers all the year round.

The hospital is called "The Laura Franklin Free Hospital for Children," and is situated on One Hundred and Eleventh street near Fifth avenue, being located in such a position that with its fine, sunny, southern exposition, it is also given a beautiful outlook over the Central Park, which will no doubt go a long way in making pleasant and cheerful the surroundings of the little patients who will soon occupy the wards.

The building itself is of brick with light sandstone trimmings, and the general style of architecture is simple and plain. There are four stories above the basement, and all the ceilings are lofty, and the building is well lighted by the large windows, designed to admit plenty of light

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and, in summer, pure air besides. The basement floor presents a large hall which runs the whole depth of the building, and on either side of this are rooms fitted up for various purposes. On the left, as one enters, is the drug room. This is a commodious office, where a full line of all required drugs is kept in cases ranged around the walls. On the right of the hall is a reception-room for patients, with a small room for washing and dressing them preparatory to their admission to the wards. There is also a small room, which will be comfortably arranged as a bed-room, to be occupied by any member of the staff who, in an emergency, may deem it necessary to remain at the hospital over night. In the rear are the kitchens, laundries and servants' dining-rooms, and all arrangements have been made to give every facility for the easy performance of all the domestic routine.

From the basement an iron staircase leads directly to the roof, and by being broken into short flights gives space for the elevator, which is thus conveniently placed in the centre of the building. A dumb waiter in the rear is to be used to carry parcels, clothing, bedding, dishes, etc.

Leaving the building by the basement door, and going up the high stone stoop, one enters the large main hall on the first floor. The flooring is of hard wood, as are also all the doors, door posts, etc., and the walls are painted white, and give a delightful air of cleanliness and light; this same style prevails throughout all the rooms and halls. On the left of the entrance is a large room, the visitors reception room. This is comfortably furnished and hung with fine oil paintings. On the right of the hall is the first of the three wards, and in general arrangement is very similar to the other two. It consists of one large room running the whole depth of the the building. It has windows in front and on the side of the room, at short intervals. The walls are hung here and there with bright and cheerful paintings in pretty gilt frames, and is as cheerful a place as any one could wish to see. The ward is intended to accommodate about twenty children, the beds being arranged around three sides of the room. Adjoining this ward, in the rear of the hall, is the first of the refectories or dining-rooms, where the convalescent patients will take their meals. The furniture seems to be all in miniature, as the dining table is very low, and surrounded by a lot of little wooden arm chairs, all designed to meet the age and size of the little patients.

On the second floor is another ward, in all respects similar to the one below it, and adjoining it is another dining-room with all the arrangements as in the first. On the third floor is the operating-room, and this is indeed admirably suited for its use; it is lighted on three sides by large windows, giving all the light required. There is a fine operating table, and running along the fourth side of the room is a large case containing a very complete set of all necessary instruments. There has been especial attention paid to those instruments and appliances required in orthopædic surgery, as it is anticipated that this will form a large portion of the cases brought to the hospital for surgical assistance. Jars of antiseptic fluids with tubes arranged for irrigation have been placed in position, and in fact, everything which can be of use has been put into this apartment. Across the hall from the operating-room is a large room, or rather hall, which has been fitted up as a chapel, in which religious services will be held daily. This will be for the use of the Sisters of St. Mary, of the Episcopal order, who are to be in charge of the hospital and who will act as nurses for the patients. On the fourth floor is a smaller ward, for patients, and two isolating wards, small rooms adapted for the isolation of the few contagious diseases which may appear from time to time among the patients, though patients suffering from infectious diseases will not be admitted to the hospital for treatment. Thus, with all the wards full, the hospital will accommodate about fifty children, though in an emergency the number can be increased to sixty, without much crowding.

The dedication exercises were very impressive, and were conducted by the Rev. Dr. Houghton, assisted by a male choir, and were witnessed by the medical staff and a few invited guests, friends of the founders of the institu-

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tion. The minister, followed by the choir and the sister in charge, forming a procession, first entered the front door, and pausing on the threshhold, offered a prayer, and invoked the blessing of the Almighty on the hospital itself and on all who should at any time enter the building. Passing thence by the street to the basement, and going from room to room, a prayer was said in each, asking aid from the Most High in behalf of the special uses for which each apartment was to be set aside. This was repeated on each floor, until all the wards and rooms had been separately visited, the prayers being interspersed with hymns, which were rendered by the choir. The ceremony was concluded by a short service in the chapel dedicating it to holy worship. Then followed an inspection of the hospital by the friends present, and a collation served in the lower ward.

As above stated, the hospital will be in the entire charge of the Sisters of St. Mary. They will perform all the duties of nursing and care of the children under the direction of the physicians and surgeons comprising the staff.

The hospital is amply endowed, having an independent income more than sufficent to cover the yearly running expenses, and thus insuring the most perfect care and arrangement for the comfort of all the patients. Not satisfied with this, as the hospital, it is hoped, will be nearly full by Christmas, Mrs. Delano has set aside a sum of money which will be used in giving a right merry Christmas to all the little folk who shall then be in the hospital.

The staff of the Hospital consists of the following gentlemen:

Consulting Physicians.

Dr. T. F. ALLEN, Dr. J. McE. WETMORE.

Consulting Surgeons.

Dr. W. T. HELMUTH, Dr. F. E. DOUGHTY.

Visiting Physicians.

1. Dr. M. DESCHERE,
2. Dr. H. M. DEARBORN,
3. Dr. E. V. MOFFAT,
4. Dr. B. G. CLARK,
5. Dr. E. H. PORTER,
6. Dr. J. W. DOWLING, Jr.

Visiting Surgeons.

Dr. S. F. WILCOX, Dr. F. S. FULTON.

Specialists.

1. Dr. GEORGE S. NORTON, Diseases of Eye.
2. Dr. H. C. HOUGHTON, " Ear.
3. Dr. G. G. SHELTON, " Throat.
4. Dr. J. T. O'CONNOR, Mental and Nervous Diseases.

American Society of Rational Practitioners.

THIRTEENTH ANNUAL SESSION, HELD NOVEMBER, 1886.

REPORTED BY WILLIAM OSBURY, M.D.

THE meeting was called to order by the president, R. Bigbang Boobay, A.M., M.D. The minutes were read, and followed by reports of various committees, which were received and adopted.

The president then read his address, the subject of which was "The Decay of Homœopathy." With his impressive voice and pleasing eloquence he showed the folly and impudence of the advocates of this pernicious system of imposture. With matchless sarcasm he dissected the infinitesimal doses used by these men, and proved that practically there was no medicine at all in what they gave their patients. His humorous lines on "The Little Sugar Pill" were received with convulsions of laughter by the assembly, which requested him to print the same and send copies to all the regular physicians in the United States.

"What is a Homœopath?" was asked by the president, and he answered his own question by giving a running history of the sect. The life of Samuel Hahnemann was a long and bitter fight against truth. His character was a strange mixture of insanity and chicanery. No intelligent person could read Hahnemann's record and doubt that a system originated by such a creature was doomed to a speedy and shameful end.

Two incurable diseases were at work on the carcass of this monster Homœopathy. Either was sure to be fatal, while the two together made the patient absolutely hopeless—hopeless even beyond the help of "The Little Sugar Pill." (Great laughter.)

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Here there was a passing disturbance caused by a Homœopathic "physician" who had strayed into the meeting. He interrupted the president by rising to say that Solomon, the wisest of men, had written: "The laughter of the fool is as the crackling of thorns under a pot." He then withdrew for his own good, and Dr. Boobay went on with his address.

The first of these diseases was the cancer of *Similia Similibus Curantur*. Upon this idiotic motto was founded all the high pretensions. He would not insult his audience by dwelling on this point. If any man did not see the folly of the theory at the first glance his arguments could do little for him. He was convinced that no such person was present.

The second disease was the phthisis of *the small dose*. Those who believed in infinitesimal doses among Homœopathic doctors were, in his opinion, very few. To these he extended that Christian charity which should always be shown to the ignorant. But what should he say of the rank and file, who pretended this belief and did not have it? who made a livelihood by imposing on the credulity of the uneducated public? He would not trust himself to pronounce the punishment which these charlatans should receive from the arm of the law, because his feelings on the subject were too intense. He would permit each one hearing him to give his own verdict according to the indignation within him. He would content himself with denouncing, in the name of humanity, the most unscrupulous of all men—the Homœopathic—he could not say physician—the Homœopathic pretender!

But to return to his argument. How was the frail constitution of Homœopathy to live long while cancer and phthisis were eating up its strength and consuming its substance? Without risking anything of his ability for prognosis, he would venture to say that in five years Homœopathy as a system would not be practiced in this country, and that the next generation would find the name only in old books. (Applause.)

Ten thousand Homœopathic physicians were in the United States to-day. To his mind this fact was the strongest which could be brought forward in proof of the inherent weakness of the system. It showed that rapidly the goats were being separated from the sheep; and when this separation was complete, it would be possible for regular physicians to invoke the civil power, which they would undoubtedly do. They would be in a position to show Legislatures just who should be suppressed and who should not—a thing not so easy to do at the present time, especially when legislative men were too apt to be indifferent to the welfare of the community. Thus was Homœopathy hastening with rapid strides to its doom, which could not be far off. To illustrate his meaning, he would refer to the patient in the last stages of Bright's disease. At such a time the bulk of the sufferer was apt to be greater than ever; he measured more round the abdomen, but that bulk was the sign of approaching dissolution! (Cheers.)

Another sign of decay was found in the fact that several physicians of the regular school were in the habit of studying Homœopathic works, and carrying in their pockets cases of medicine recommended by these works. They did not hesitate to use these drugs frequently, because their patients did not hesitate to demand them as a change. He himself had never stooped to such practices, and it was a puzzle to him that any reputable physician should. But if their consciences allowed them to do so, he would not complain, for he could see that they were undermining themselves and Homœopathy at the same time, and hastening the downfall of the ridiculous system.

It had been the boast of Homœopaths that several regular physicians had come over boldly to their school, and that, on the other hand, it was hardly possible to find in the whole world a Homœopath who had embraced the principles of the regulars. They prided themselves on these occurrences, not perceiving therein the badness of their own system, which draws off a few weak-minded and traitorous soldiers of our noble army to join the ranks of the enemy.

In conclusion the president declared, in an outburst of generous enthusiasm, that, rather

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than adopt the methods of the Homœopaths, he would follow every member of his family and every patient in his care to the grave without so much as a sigh!

The president had spoken for two hours, and when he concluded the enthusiasm of the assembly seemed as if it would never cease to vent itself. Finally, Dr. Bedam P. Buffers rose and offered the following resolutions, which were unanimously adopted amid great cheering:

Whereas, The founder of Homœopathy, Samuel Hahnemann, was a man whose life was a mixture of chicanery and insanity; and

Whereas, The system of Homœopathy is at present suffering from two diseases—to wit, cancer and phthisis; and

Whereas, There are at present 10,000 homœopathic persons who call themselves physicians in this country; and

Whereas, Several regular physicians have become Homœopaths, and many others practice Homœopathy surreptitiously; and,

Whereas, Our esteemed president has declared that he would sooner see all his family and all his patients borne to the tomb than save them by Homœopathic practices; therefore,

Resolved, That the miserable system of folly and fraud known as Homœopathy is in a state of decay, which is rapidly going on, and that, in our opinion, the said system is, even at the present moment, moribund.

Resolved, That our thanks are hereby presented to our president, R. Bigbang Boobay, A.M., M.D., for his masterful representation of Homœopathy as it is and will soon be, and for his firm adherence to the principles of the American Society of Rational Practitioners.

Adjourned till evening.

The report will be continued.

An Ovarian Tumor.

PROF. WM. O. McDONALD, M.D.

THE specimen shown is a good illustration of what is styled a polycystic ovarian tumor.

Observe that it is composed of one large sac and many smaller—in fact, it is all cystic. The part which looks like solid is simply an aggregation of small cysts, and also that the contents of no two of the cavities are exactly alike.

The total amount of tumor removed was something above fifty pounds. The portion you see weighs nearly six pounds. Forty-one pints of fluid were caught and measured, while we estimated that at least five pints escaped measurement.

The case first came to my notice in July, 1885. Her age was not ascertained. She said it was forty-one years, but from other sources it was given as being near sixty. She was married, but had had no children.

Menstruation had ceased long ago, though she reported that she saw "a show" once or twice during the preceding winter.

Nothing definite could be obtained as to the time when the tumor was first noted.

Upon examination, the canal of the cervix was found to be impervious, "senile atresia." The tumor was closely applied to the inlet of the pelvis, and it occupied a central abdominal position; the cervix moved with it when it was pushed to the right, but not when it was urged to the left.

There was bulging neither of the cul-de-sac of Douglas nor of the umbilicus. The mass was tense, and its limits, as made out by palpation, percussion and fluctuation coincided pretty closely.

The abdominal circumference level of the umbilicus was thirty-eight inches; from the umbilicus to the anterior iliac spines, seven; to the sympyhsis, five, and to the ensiform, seven inches. The flanks were dull—the left all over, the right for six inches from the umbilicus.

The conclusion, as far as any was made, was that it was a cyst springing from the left side—probably ovarian, possibly uterine in origin—and that an operation for its removal should be undertaken.

The consideration of the operation was deferred, and the patient adopted the course of giving a trial to the various systems of curing tumors by other means. I know she tried the clover tea, the Salisbury diet, the faith cure; the attempt by prayer also.

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Meantime the tumor progressed, and it interfered with the circulation and with the action of the kidneys notably.

The lower parts of the body became œdematous to such a degree that later the skin broke, and the serum was discharged through the gaps.

The urine became scanty in quantity; at one time it went down to eight and nine ounces in the twenty-four hours, and it was found to contain albumin and granular casts. She had several attacks in all of œdema of the lungs.

Later the characteristic emaciation developed.

In July last her condition became so bad that her physician was forced to tap her. Of the forty pounds of fluid removed, a specimen sent to a microscopist elicited a diagnosis of dermoid cyst, probably of ovarian origin.

Great relief followed the tapping, the excretion of urine was greatly increased, but the œdema never disappeared entirely from the lower limbs.

Impressed by the striking results of the paracentesis, the patient now accepted the proposition to operate.

In fear of hot weather, the proceeding was put off until October 5th, but in the interval her condition had again retrograded; the œdema was pronounced in the lower limbs and about the hips and abdomen; the appetite was failing. Still she slept fairly well, and her mental condition was such that she expressed no fear of the undertaking.

The operation was performed on October 5th; the anæsthetic the protoxide of nitrogen.

The veins of the abdominal wall bled freely on incision, and there was a free discharge of serum from the dropsical tissues.

The peritonæum could not be made out, and the incision was continued into the sac cavity, the sac wall being adherent to the parietes of the abdomen.

Of the dark fluid which poured forth there appeared to be no end; the canula was useless; the patient was turned on one side, and it gushed out. When it seemed to be exhausted, we had only to change the position of the patient, or disturb some of the parts of the sac to develop a new source. Ultimately we were obliged to disregard the fluid, and to begin to detach the sac. And this appeared to be attached everywhere. Later we observed that the only free part was that which corresponded to the inlet of the pelvis.

There were some old, broad, thick and thoroughly organized adhesions between the anterior surface of the tumor and the abdominal wall, which presented surfaces so smooth and satin-like in texture that they could not be distinguished from the peritonæum.

Adhesions were observed between the tumor and the anterior abdominal wall, the omentum, the colon, the posterior abdominal wall (exact site not determined) and the walls of the false pelvis to the right and behind.

The peritonæum covering the small intestines was acutely inflamed, being reddened, rough and swollen.

There were three bands, strong, firm and each about the size of the finger, to the right and behind somewhat; these were tied by a single ligature for each and cut.

From observations made later I infer that one of these must have been the "anatomical" pedicle of the tumor.

The surgical pedicle was about three and a half inches wide and quite fleshy. This was pierced by two double ligatures, and these being tied each way it was ligated in three parts.

After the section was made the left fallopian tube was identified as running up on the side of the tumor.

Searching for the ovaries developed the fact that the left ovary was in position, and in the scarred and shrunken state proper after the menopause, while the right ovary was wanting, and I was forced to the conclusion that the tumor represented the right ovary and not the left one.

Intending to reopen the wound on the next day, I did not apply a drainage tube, but after washing out the cavity of the abdomen with warm water, the incision was closed with silver wire sutures and the ordinary dressing applied.

She was thoroughly anæsthetized for a space of two hours and five minutes, and although there

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were motions of the hands suggestive of sensation, at no time was I interrupted in my work on this account.

I have been informed by Dr. Hasbrouck that this is the longest duration of the laughing gas anæsthesia that he has ever heard of.

Since the operation I have heard that a professor of chemistry has asserted that the gas could not have been the protoxide of nitrogen if the use of it was so prolonged.

Upon this particular point I will make no remark. The gas was furnished and administered by Dr. Hasbrouck of this city, and the administration was kept up as stated.

It matters little to me what the gas was, the result of its use was perfect; the insensibility was promptly produced; it was continuously maintained, and when its use was suspended the patient became conscious at once.

And here let me say, that if there is any drawback in the results obtained by this agent it is comprised in just this prompt recovery of the sensibility.

Thus far I have always been obliged to protect patients from the severe pain which is felt upon recovery after major operations by the use of morphia.

My patient had quite a sharp attack of pulmonary œdema on the next day. Gas passed through the anus on the fourth day. She ate solid food within a week.

The temperature, usually about 100°, once went up to 102°.

She talked a good deal, particularly at night, was restless often and her sleep was disturbed.

On October 11th she presented no particular evidences of failure, but on the 12th, near midnight, suppression of urine came on, the œdema of lungs became more marked, coma supervened in the morning of the 13th, and she died sometime in the day.

It was concluded that the death was due to uræmia.

The post-mortem examination, at which I was not present, was made eighteen hours after death.

It was reported that the incision had closed throughout; the sutures had not been removed. The abdominal organs were adherent to the raw surfaces left by the separation of the cyst.

In the pelvis there was a small amount of dark fluid; in the vicinity of the left kidney and spleen about a cupful of laudable pus was incapsulated.

An offensive odor emanated from the cadaver, but the fluids indicated did not appear to be the source of it.

No sloughing tissue was found; the pedicle was shriveled and shrunken.

The kidneys were small; the capsules adherent. Atrophy of the cortical substance with lobulation marked, but not extreme. No microscopical examination was made.

As it turned out, if the patient had not been killed by the failure on the part of the kidneys she would perhaps have perished from the rupture of the pus into the abdominal space.

However, I believe she might have survived if she had been operated upon a year ago.

A comment to be made is, that the right ovary became cystic and attached to the left broad ligament, taking in the left tube and its surgical pedicle from this locality, while its anatomical pedicle became so wasted that I simply noted it as one of the strong bands which were located on the right side of the tumor.

Another Discovery.

DR. C. R. ILLINGWORTH (Eng.) writes to *The British Medical Journal*, of May 1st: "I find the biniodide of mercury is a specific and prophylactic for scarlet fever and for diphtheria.

"Both are diseases due to the development of germs in the blood, myriads of minute nucleated bodies being visible by the microscope on examination of the membrane peculiar to each. Hence, I think, the efficacy of the remedy I name."

In the issue of the same journal of October 30th, Dr. Illingworth again says: "That it (biniodide of mercury) is a true specific for the former (scarlet fever) is proved by the defervescence commencing immediately upon the administration of the medicine, instead of upon

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the fifth day, and by the absence of desquamation in consequence. That it acts as a specific in the latter (diphtheria) is shown by the rapid disappearance of the membranous effusion and reduction of temperature.

"Prescribed in this form the biniodide of mercury has not, so far as I am aware, been used for these diseases."

Will Dr. I. allow us to furnish him with a little information derived from homœopathic sources concerning the treatment of diphtheria by merc. biniod., and also concerning a prophylaxis against scarlet fever.

Regarding the use of biniodide of mercury in diphtheria, Dr. Ruddock considers it the "remedy of most intense action."

"With gurgle or spray of liquor calcis chlor. ..... the best treatment now known."—Hale.

"Croupous form, much glandular swelling. Should be freshly prepared."—Hughes.

Regarding a prophylactic against scarlet fever homœopaths have considered belladonna the remedy par excellence, and this power was first asserted by Hahnemann. To this use of the drug Dr. Phillips subscribes, attesting also its power to produce a sore throat and rash closely resembling those of scarlet fever. Stillé (of the National Dispensatory) also says: "On a review of the whole subject we feel bound to express the conviction that the virtues of belladonna as a prophylactic against scarlatina are so far proven that it becomes the duty of practitioners to invoke its aid whenever the disease breaks out in a locality where there are persons liable to the contagion."

*Twenty-five Years Ago.**

HERE amid this scene of laughter
Our Alumni Dinner after,
Fondly hoping that a rafter,
Swift may strike him to the floor.
With his heart so wildly beating
And his senses ever fleeting,
Of their help their owner cheating,
Cheating sadly o'er and o'er—
Stands a mortal who 's been eating
As he never ate before
And your pity he 'd implore.

Yet amid his dire confusion
Slow there comes a fond illusion
Which his judgment calls delusion,
As it floats before his eyes.
Bygone days again he 's seeing,
Lecture hours again he 's fleeing,
Again he is that callow being,
Being, which all things surprise.
From all care his heart he 's freeing
(Doing things he 'd now despise),
While his life so swiftly flies.

Again his bark he 's wildly steering
As, with frightful speed careering,
Th' daily quiz he 's surely nearing,
Upon the human brain.
And his head he madly scratches,
As the flying thought he catches,
Or a neighbor's hint he snatches,
Catches now with might and main,
As an answer up he patches
Hoping it will bear the strain—
Leave him not among the slain.

Now a group of well-known faces
Slow before me take their places,
Some of which the sod and daisies
Long have hidden from our sight.
Yet their circle seems unbroken,
Though by them no word is spoken
In their eyes I see a token,
Token that their eyes are right.
Hearts I knew so stout and oaken,
Hearts that then like mine were light,
Burning for the life-long fight.

Men are there who faithful taught us,
And past bone and organ brought us,
And by words and life besought us
Ever men of truth to be.
Now that we have gone asunder,
And their care no longer under,
Oft it is a source of wonder,
Wonder if their eyes still see,
See us when we make a blunder,
Join us in our well-earned glee
O'er success and golden fee.

And I would that we were able
As we sit here at this table
By some loving, heart-made cable
With those teachers to commune.
Sure I 'd tell them how each member
Both in May and chill December
Doth their counsels well remember,
Remember like some sweet, old tune
Sung at twilight's dying ember
Or beneath the harvest moon—
Them we 'll not forget so soon.

* Alumni Poem, read at the Dinner of the Alumni Association of the New York Homœopathic Medical College, April 15, 1886.

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As the seashore swimming master
Laugheth at the dire disaster
When a breaker cometh faster
  Than unwary bathers think,
And a rapid overhauling
Leaves them breathless, choking, sprawling
And for needless rescue calling,
  Calling while the wave doth shrink;
So we laugh at what 's befalling
  Younger men on life's rough brink,
  Knowing that they will not sink.

Ah! I 'm shocked at that word "younger,"
As the cry of some street monger
Starts what was a dormant hunger
  In the careless passer-by.
Am I ranked as an "old fellow"?
Spite of "leather or prunello,"
And with years now getting mellow?
  Mellow as the decades fly?
Is my cornea ringed with yellow?
  Is my osseous tissue dry?

Have we heard the night-bells clatter,
Gone through sleet and mud and spatter,
For rich, for poor (that 's no matter),
  Healing wounds and drying tears?
Borne the old school's deep derision,
Met Death's minions with decision,
And of ease ne'er had a vision,
  Vision which the weary cheers?
Are we on toward heights Elysian,
  Toward the blissful, happy spheres,
  Half our course? Twenty-five years?

Figures show. We can't repress it,
Fairly caught, we must confess it,
Hoping some have cause to bless it,
  That we 've lived on earth so long.
Let us hail on this occasion
That potent, subtile, deep pervasion
Which entails complete erasion,
  Erasion of things past that throng.
Yield us to the sweet persuasion
  Of old friendship, pure and strong,
  Join to-night in joy and song.

Now, one wish, as I am ending,
Toward the future one thought sending,
Thus the past and future blending,
  As the seasons come and go.
May each heart still beat as lightly,
May our hope-light burn as brightly,
May these bonds yet hold as tightly,
  Tightly forged in friendship's glow,
May Time touch us all as slightly,
  When, this night, the books shall show,
  Was, twenty-five years ago.

—A., '67.

Tracheotomy.

BY A. W. PALMER, M.D.

UNDER this term, as generally used, are included the operations upon the upper air passages for the relief of Dyspnœa and which the English group as Bronchotomy, to wit, Laryngotomy, Crico-thyrotomy, Laryngo-tracheotomy and Tracheotomy proper. It is performed in cases of Croup, Diphtheria, Corpora adventitia in Larynge and Polypi et Carcinoma Laryngis, and in olden times has been performed in cases of Mumps, Quinsy, Tonsilitis hypertrophia, Bronchocele and large Polypi Narium et Pharyngis.

The first to undertake this operation was Asclepias, about 100 B. C., from which time we hear very little concerning it until in the seventh century Paulus Aegenita performed it by making a transverse incision through the connective tissue between the tracheal rings, because in his time the great mortality was considered due to the wounding of the cartilages, which wounds they thought incurable. In the latter part of the fifteenth century Sanatorius introduced the employment of the straight canula. To this canula Fabricus ab Aquapendente added rings or phalanges to prevent it from slipping into the wound. But a few years later this was superseded by Casserius's invention, the curved canula. Then we hear of no marked improvement until about 1750, when Geo. Martin introduced the use of the double canula, much like those we now have.

In croup cases the great mortality following this operation and therefore the disrepute into which it has fallen is due to its being used as a dernier resort.

If, instead of performing the operation only in cases in extremis, we should follow more frequently the direction of M. Mackenzie of London (as given below), thereby making what is termed the "early operation," the death-rate would be materially lessened. "It is the recession of the lower part of the sternum and contiguous ribs, and the retraction of the intercostal spaces and clavicular fossæ at each act of inspi-

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ration which call for tracheotomy, and the operator must not wait until lividity of the lips and blueness of the finger nails prove that the blood is being imperfectly oxygenated."

If in diphtheria the constitutional symtoms are marked, or the nutrition is much affected, it is useless to operate. It is prudent to defer operating as long as possible in this disease on account of the liability of the disease attacking the wound, thereby increasing the surface from which sepsis will take place; also the irritation of the tube upon the trachea causes a greater predisposition for the disease to extend down the trachea to the bronchioles and ultimately develop into pneumonia.

In this article it is quite unnecessary to give a description of this operation, as it is very thoroughly treated of in almost all the text books, but wish to call attention to the mode in which Charles E. Sajou makes the incision through the skin. After placing the patient in the usual position, mark upon the skin with ink the place of incision, then pinch up a fold of skin transversely between the left thumb and forefinger at the middle of the ink mark; now, with a sharp-pointed bistoury, edge upward, pierce the fold and cut outward; in this cut pass a director, upon which, with the bistoury, lengthen the incision upward and downward to the size necessary. In this way one can work rapidly without much danger of making the first incision too deep.

The superficial position of the larynx is apt to deceive us as to the position of the trachea; it must be borne in mind that from the lower border of the thyroid cartilage the wind pipe sinks backward into the neck and chest at quite an angle. On account of the haste and anxiety one feels when witnessing or performing the first few operations of this kind, we are apt to forget the above, and are almost astonished at the depth at which the trachea lies. In one operation in which I assisted, quite a skillful operator thought he had pushed it aside, and was working past it down upon the œsophagus and anterior colli muscles. And if the trachea, after being punctured, should accidentally drop back into the wound, it is almost totally lost, because of the rapid occurrence of emphysema of the surrounding cellular tissue.

The emphysema which nearly always takes place after the operation, seems to be a very painful and appalling symptom to the friends of the patient; but I think it is not dangerous, as it does not press upon the trachea below the insertion of the tube, therefore not obstructing respiration.

The scarification of the skin, as recommended and frequently practiced, does not seem to me justifiable, on account of the pain produced; when the principal discomfort of emphysema is the tightness of the tape holding the tube. This constriction is easily regulated by having the tape loosened just sufficiently to give ease, but not enough to allow the tube to become dislodged from the trachea.

The great danger consequent upon the entrance of a small quantity of blood into the trachea upon the incision thereof seems to be somewhat overrated in many text-books, because the paroxysm of coughing which immediately follows the opening of the trachea expels all the blood which finds its way in, as well as the considerable amount of mucus which always collects in the trachea and bronchi. And the hemorrhage, being principally venous, will soon cease when the engorged veins in the vicinity are relieved of their contents by the oxygenation of the blood when air enters the lungs.

Cimicifuga.

A LECTURE BY PROF. J. T. KENT, A.M., M.D.

THIS is a great woman's friend, and some doctors know it as such. Fenugreek is good for a horse, they say, and so is Cimicifuga good for a woman—when the symptoms agree. The general constitutional state to which this remedy is most favorable is the hystero-rheumatic constitution. Its symptoms are nearly as full of hysteria as Ignatia and nearly as full of rheumatism as Colchicum or Bryonia; it has the aching, rheumatic soreness in the body, and particularly in the muscles. The power of the muscles is affected pretty generally. It has rheumatism of

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the scalp; rheumatism of the base of the head or of the skull; aching in the base of the skull, as if a bolt extended from the base of the skull through to the top of the head. Constant dull pain in occiput, extending to top of head. The headaches are ameliorated in the open air. It has a sensation of lifting up of the skull. In this it resembles Cannabis sat. and Cannabis indica. Cannabis indica has it as a pathogenetic symptom; so has Actea racemosa. Belladonna has it as a clinical symptom. This lifting up of the skull occurs in uterine troubles. Rheumatism, colic, irritable uterus, enlargement of the uterus; that will give you an association of symptoms like these head symptoms. Now, there is a marked mental symptom. That mental symptom is this: She feels as if a black pall, or a gloom, or a horrible sadness was settling over her; everything seems dark to her; there is no light around her. This symptom of darkness and gloom, like a black pall settling over her, is a mental symptom centering at the heart, accompanied by palpitation. There is all this sadness and gloom, and it has many of the hystero-mental symptoms. Hypochondria is very marked. The eyes furnish a marked symptom; extreme soreness of the eye-balls with extreme aching; also chorea or clonic jerking of the eye-balls; oscillations; movement of the muscles produces jerking of the balls and shock of the lids. The pupils are dilated.

This remedy produces choreic spasms over the body, accompanied by rheumatism. Whenever the rheumatism subsides and chorea takes place, this is the remedy. There is a peculiar rheumatic, bruised feeling, sore in the chest and about the heart; aching in the heart, accompanying rheumatism. Intercostal rheumatism. Rheumatism of the muscles of the chest. Intercostal neuralgias. There is a great soreness in the abdomen; sore as if bruised. There is a menstrual symptom that is worth noting; menses too soon, too profuse; irregular; suppressed.

It may be safely said of this remedy that it has irregular menstruation; it is both too profuse and too scanty; too soon and too late. It has menses irregular, with enlargement, tenderness, induration, and great soreness clinically. It has many times cured the results of abortion: sub-involution. The menstrual discharge is likely to be dark and offensive and sour. Now there is another marked uterine symptom that you will need to remember, because you will find this symptom useful in after-pains; after-pains that seem to be the result of the spasms of the broad ligaments; aching, spasmodic pains coming on with more or less violence and clutching in the groin; spasms in the broad ligaments. Now, the rheumatism is not specially confined to one muscle or to one part of the body; it may occupy the whole body. It has a twin sister in the other Cohosh—this is the black Cohosh; it is a twin sister of the blue Cohosh, which is Caulophyllum. In association with uterine symptoms we have the same chorea; we have a similar rheumatic diathesis; we have hysterical spasms; and we have great prostration and trembling. But let me tell you the key-note, or a state or a condition for which you can always rely upon Caulophyllum: "Rheumatism of the small joints with uterine complaints;" while in Cimicifuga the rheumatism is more likely to be in the belly of the muscles, and not particularly in the joints. In nondescript uterine troubles this is always your remedy. It is mild, and may be administered in almost any form; it cures in the tincture, and it cures them when given in the third; it cures in the thirtieth. I have cured many of these cases with the two-hundredth with just as great satisfaction.

Cimicifuga has predisposition to abortion, great uterine weakness; want of ability to go through with gestation; threatened abortion; pains and aches of a tearing, bearing-down character; dragging down, like labor pains. Now, in a hystero-rheumatic constitution in a woman who is in the habit of aborting, this medicine would be most suitable. In a hystero-rheumatic constitution, where you suspect difficulties in labor, you may administer this medicine a month or six weeks, or two months before the expected confinement, with relief of the troubles, and, perhaps, preventing the troubles

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that would otherwise attend confinement. In both of these remedies there is a wonderful sensation of weakness in the pelvis; a sensation of relaxation; a sensation of exhaustion; and in this they compare with Pulsatilla and Sepia.

In Cimicifuga there is marked urinary trouble; teasing to urinate; frequent urination; burning during and after urination. Copious flow of urine followed by prostration. She gets up often in the night to pass urine. In the lower extremities we have the rheumatism that belongs to this medicine. The rheumatic pains are mostly aching and jerking; they are constant, and in the belly of muscles, producing knotting up and numbness. Numbness in the lower extremities, with cold feet and cold sweat. The aching that is in the muscles is sometimes like bone pains, it is so dull. There is twitching of the muscles associated with rheumatism, which may sometimes give place to the aching. A rheumatic aching and choreic jerking of the muscles, with the characteristic that in all of these rheumatic complaints, like chorea, the spasms are all made worse by motion, like Bryonia. This remedy is quite full of hysteric spasms; hysteric contractures; and it has been able to cure a number of cases of hysterical convulsions coming at the puerperal period; puerperal convulsions that are hysterical in character, with the clenched hands. Remember now these particular elements: the hysteria, rheumatism associated with uterine troubles, heart troubles, general weakness, and you will get a pretty good picture of this little remedy.—*The Homœopathic Physician.*

ON the 15th of December, 1885, at the Hahnemann Hospital, Prof. Doughty removed a very large ovarian cyst from a woman who, at the time of the operation, was three and a half months advanced in pregnancy. A report of the operation may be found in Vol. II., No. 6, of THE CHIRONIAN. The patient experienced no ill effects from the operation and made a rapid recovery. Her pregnancy went on to full term and in due time she gave birth to a large, healthy boy, her labor being so easy that no physician was called in.

Editor CHIRONIAN:

I NOTICE that some of the New York journals are denying in strong terms the truthfulness of the statistics showing percentage of cures recorded by the various homœopathic hospitals as compared with the most important allopathic institutions of your city, or such of them as would allow their returns to go before the public, as published in yours and a number of other homœopathic publications throughout the country, and I should like to say, through the columns of your wide-awake little paper, a word to these badly frightened people. Now, it is a criminal waste of time to sit down and write a long series of denials to the statements as published; it is, indeed, because in the first place everybody is beginning to "catch on" to the fact that homœopathy is doing all that is claimed for it and consequently is spreading like wild-fire. Indeed, it seems to be picking up in the race all the ground the old school ("Regular," "Rational," etc.) is losing, and that is saying a great deal so far as covering the ground is concerned. Secondly, these denials cannot possibly have any but an unpleasant effect upon the mind of a thoughtful reader, since they disprove nothing and show the writer's weakness on its very worst side. Arguments and especially carefully gotten up statistical evidence *must be refuted;* a simple denial only adds fuel to the fire of conviction. And, thirdly, the whole world is before these gentlemen whose wrath seems to be getting the better of their tactics; why not use the evidence which they claim to possess that our statistics are all bosh. Why not make an honest canvass of the facts themselves and let that settle the question; let them arrange some plan by which an honest count may be made of the facts, giving both parties interested a voice in the count; or, better, place it in the hands of disinterested persons to make and revise the tables. Surely no one could object to this perfectly easy and sure method of producing iron-clad proof of the superiority which they claim for their system over ours; or, I will make still another suggestion. Let them select some specialist in their school who has kept a careful

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account of his cases as to date, number, class, etc., etc., and let his work be compared with a man of our school—say one of your professors. Deschere, I believe, is a notoriously rigid homœopath, and would be a good man to annihilate a half dozen old-school pædologists. Let the results of our practice be shown up in their true light, and such an arrangement would, I think, not only bring out the truth of these statistics, but it would do another think which no living man ever expected to see, viz., it would prove to Bowditch that there is something in statistics after all.

In conclusion let us say one word more. As we feel that we have nothing to fear, we think it would be perfectly safe to go beyond the invitation and *challenge* these gentlemen to make a fair count. Come, gentlemen, do not be afraid. Kick over the bushel and let 's see your light.

A CONVERT.

READING, Pa., Nov. 17, '86.

Rectal Alimentation.

IN the November number of the *New York Medical Times* appears an article on "Continuous Rectal Alimentation." On the ground that intermittent feeding per rectum is apt to cause a desire for defecation, even though the enemata are small, Dr. McKenzie proposes "to imitate the process of nature more closely by the gradual passage of a fluid from an artificial cavity, in which its digestion takes place, into the rectum for absorption."

For this purpose an "artificial stomach" is provided by means of a moderately tall vessel which is made to contain a pint of pre-digested milk at the proper temperature. This vessel is connected with the intestinal tract by means of fine india-rubber tubing fastened to a piece of celluloid catheter (No. 5). The catheter is held in place in the rectum by a proper apparatus, being passed into the rectum for about two inches.

The tubing is about two yards long, and the vessel containing the pre-digested fluid is placed from two to two and a half feet above the level of the patient, "the height being altered according to the rapidity with which the milk runs through the tube. The pint of milk should run into the rectum in about three hours, which time fairly corresponds to the average digestion period of pancreatized milk. If a desire for defecation be felt, the flow should be made slower, or the apparatus entirely removed for a time."

Societies.

Hahnemannian Society.

THE second regular meeting of the Hahnemannian Society was held in the amphitheatre of the college on Wednesday evening, November 10th.

Meeting was called to order at 8 P. M., President Watts in the chair.

After the reading of the minutes of the last meeting, which were approved as read, the following programme was rendered:

Song, by the Quartette.
Paper, by G. B. Dudman. Subject, "Erysipelas."
Paper, by J. O. Chase. " "Diphtheria."
Declamation, by J. K. Bucklyn.
A few remarks on Drug Proving, by A. I. Thayer.
Song, by the Quartette.

The several classes then proceeded to the election of quiz masters for the ensuing month, with the following result: The Senior Class quiz masters were reëlected in a body. The Middle and Junior Class quiz masters were also reëlected, with the exception of E. S. Smith in Anatomy, who desired to resign and was replaced by J. M. Woodruff.

The motion to change the hour of meeting of the Society from 7.30 to 8 P. M. was then taken from the table and carried.

A vote of thanks was tendered the gentlemen who took part in carrying out the programme.

The Treasurer's report was then read and accepted. President Watts then brought up the matter of the college library, and after a few remarks, very much to the point, Mr. J. M. Woodruff offered the following resolution:

"That a committee of five be appointed by

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the President, two from each of the upper classes and one from the Junior Class to form a Library Committee to solicit contributions of books and money."

Messrs. Stewart, Fitch, Johnson, Smith, McGeary, Platt, Tuttle and Sword followed in the discussion, and all were in sympathy with the first speaker.

Mr. Jenkins offered as an amendment that the committee consist of six members, two from each class, which was carried.

Motion was made that the President appoint a committee of three to wait upon Prof. Helmuth and request him to deliver a Sunday lecture during this winter. Motion carried, and the President appointed Messrs. Jenkins, Nichols and Stillwell.

Mr. Stewart read a letter from a student of the Hahnemann Medical College of Philadelphia, proposing a secret society having as its object the proving of drugs, etc.

Mr. Jones moved that the secretaries of the respective classes solicit subscriptions for the library from their members. Carried.

Song by the Quartette, followed by roll call and adjournment.

B. W. STILLWELL,
Secretary pro tem.

Dietetic Fallacies.

1. THAT there is any nutriment in beef tea made from extracts. There is none whatever.

2. That gelatine is nutritious. It will not keep a cat alive. Beef tea and gelatine, however, possess a certain reparative power—we know not what.

3. That an egg is equal to a pound of meat, and that every sick person can eat eggs. Many, especially those of nervous or bilious temperament, cannot eat them; and to such eggs are injurious.

4. That because milk is an important article of food it must be forced upon a patient. Food that a person cannot endure will not cure.

5. That arrowroot is nutritious. It is simply starch and water, useful as a restorative, quickly prepared.

6. That cheese is injurious in all cases. It is, as a rule, contra-indicated, being usually indigestible; but it is concentrated nutriment and a waste repairer, and often craved.

7. That the cravings of a patient are whims, and should be denied. The stomach often needs, craves for and digests articles not laid down in any dietary. Such are, for example, fruit, pickles, jam, cake, ham or bacon with fat, cheese, butter and milk.

8. That an inflexible diet may be marked out which shall apply to every case. Choice of a given list of articles allowable in a given case must be decided by the opinion of the stomach. The stomach is right and theory wrong, and the judgment admits no appeal.

A diet which would keep a healthy man healthy might kill a sick man; and a diet sufficient to sustain a sick man would not keep a well man alive. Increased quantity of food, especially of liquids, does not mean increased nutriment—rather decrease, since the digestion is overtaxed and weakened. Strive to give the food in as concentrated a form as possible. Consult the patient's stomach in preference to his cravings; and if the stomach rejects a certain article, do not force it.—*Journal of Reconstructives.*

College Notes.

WHAT is a Bursa?

STUDY the Organon.

CONTRIBUTE to the library.

LECTURES in Hygeine are now in order.

THE Seniors think Embryology the toughest yet.

"WE do not believe much in statistics."—Bowditch.

PULFORD, who was formerly a student of this college, has returned and is a member of the Senior Class.

IT is wonderful how many names one man may possess while the roll is being called after Ophthalmology.

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W. L. FISKE, '64, President of the Alumni Association in '85, has removed to 484 Bedford avenue, Brooklyn.

PROFESSOR (speaking of the special senses): What faculty could we dispense with the best?
Student: College faculty.

KELLOGG has been at his home sick with "malaria," but by the aid of the curative power of "high potencies" is again able to attend lectures.

DR. BARNUM, '85, has recently located in New Haven. He has been on the staff of Ward's Island Hospital for the past eighteen months.

S. H. KNIGHT, '86, has resigned the position of House Surgeon to the Hahnemann Hospital, and J. L. Daniels, '82, has been appointed to the position thus left vacant.

THE horse sale at Madison Square Garden had a bad effect upon one of the students. Afternoon lectures had no attraction for him while the sale was in progress.

THERE is still one white hat creeping along through the corridors like a bold but lonesome ghost. Will some one please inform the owner that winter is fast approaching.

THE beards that some of our men are coaxing seem to have made an impression upon one of our professors, who takes Ward and "Martino" to be the oldest men in the class.

THE Juniors commenced dissecting on the evening of the 15th. Do not be frightened. They will not hurt you. If your fear is excessive take a *sword*, "my boy," and it will frighten even a dead man.

SUBSCRIPTIONS for THE CHIRONIAN have not come in as fast as they ought. Remember that the paper is emphatically a college matter, and needs and deserves the hearty support of each member of the college.

M. T. DUTCHER, '82, Owego, N. Y., E. R. Eaton, '82, Crown Point, N. Y., J. J. Lane, '83, Sing Sing, N. Y., De L. H. Barclay, '76, Baltimore, Md., and E. T. Horton, '83, Whitehall, N. Y., have called at the college lately.

THERE are at present three vacancies at the Ward's Island Hospital. There is no salary attached, board and washing being the only remuneration. An excellent opportunity to any one desiring experience in hospital practice.

THE music at the last meeting of the Hahnemannian Society was so thoroughly appreciated we trust we shall hear more of it at the next regular meeting. A few selections of instrumental music would also add interest to the programme.

PROF. DOUGHTY has announced that henceforth he will devote himself exclusively to the practice of surgery. He has already gained a reputation for careful and skillful work in his specialty, and the homœopathic profession will not be slow in appreciating the advantages thus afforded them.

C. F. RING, '81, recently located at Urbana, Ohio, is in the city. After graduating he served one year on Ward's Island, until suddenly called home on account of the death of his father. He will serve the remainder of his term at the hospital this winter, and in the spring will go to Germany to continue his medical studies.

THE following members of '86 have changed their addresses since our last issue. Thinking that some of our readers may wish to find them, we give their present addresses below: G. W. Lewis, 311 Del. ave., Buffalo, N. Y.; C. E. Dodge, Manchester, N. H.; J. H. Hallock, Walton, N. Y.; E. E. Keeler, Danbury, Conn.; J. A. Stutz, Fort Wayne, Ind.

DR. B. W. JAMES, business manager of *The Hahnemannian Monthly*, has established a "Surgery" at Eighteenth and Mt. Vernon streets, Philadelphia, where private cases, even of other surgeons, may have first-class attention.

Mr. Editor:

IF any reader of your journal has met with a case of cocaine addiction and will send me the fullest details at his command, I 'll thank him for the courtesy, reimburse him for any expense incurred, and give him full credit in a coming paper. J. B. MATTISON, M. D.

BROOKLYN, 314 State street.

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WE note with pleasure the first addition to the library, as a result of the reawakened interest in that undertaking. Appreciating the efforts of the students, as well as their need of books of reference, Professor Dowling has generously contributed to the library an excellent Encyclopedia of Surgery in six volumes. These volumes, coming from Professor Dowling, will speak much louder than words of the hearty interest which he takes in what pertains to the welfare and best interests of the students. We thoroughly appreciate the kindness which prompted the gift, and hope that others will not be slow to follow his example.

AT the present time education is in more or less of a transition stage. Many of the old ideas and methods have been abandoned, and many more must sooner or later follow. The tendency is eminently towards the practical, and though many of the theories advanced are highly impracticable, yet they all tend toward the great end which educators are attempting to attain. While the problem has thus far had to deal more especially with the ordinary, in distinction from the professional education of the individual, nevertheless his professional education has been one of the objects constantly in view. This problem is one which should thoroughly interest the professors in our medical colleges. They should consider thoroughly, first, the object to be attained, and secondly the best methods to be pursued in its attainment; and in our estimation the practical part of medicine is first in importance. It is impossible for a man even in a life-time to grasp the whole of medical science, and how small a part can the student obtain in the three short years of his course! It is the duty of the teacher, therefore, to sift out the wheat from the chaff, the thoroughly practical from the theoretical and the uncertain, and give to the student the kernel with as little as possible of the chaff. To be able to do this the teacher must be a man of maturity and experience, one who has been in the field and knows well what is required. To do it well he must also know the best and proper methods of presenting his subject, in other words, he must be a *teacher* and not simply a ready speaker. Until our medical colleges are made to understand this, and that the reputation of a college depends not so much upon the number of its students and the extensive list of names on its faculty, but upon the value of the work done and the ability of its graduates—then, and not till then, will the standard of medical education be raised, and the too common statement that the medical education of our young graduates is insufficient to enable them to cope successfully with the problems which they so frequently meet will be heard no more. Let the members of the faculties of our colleges be men of broad and practical minds, men of experience, whose names will add lustre to that of the college; let

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them give to the student that which will be of most service to him when he is placed on his own responsibility by the bedside of the sick, instead of burdening his mind with a lot of material of no practical value whatever; let the student *see* as well as hear how things are done, and when he leaves the college halls to enter upon the trials of professional life, he can point with pride to his alma mater, whom he never forgets, and say, "There I obtained my education which enables me to meet so easily and so successfully the problems of my professional career."

WE regret that so few of our alumni take an active interest in THE CHIRONIAN by sending contributions to its columns. There are cases of interest constantly arising, a report of which might be of value to our readers, and would at the same time take a little of the burden from the shoulders of the editors, who have this work to do in addition to the regular work of their college course. There is also much that the students are able to do to lighten our work. There are interesting clinics which might well be written up, and which would make our columns more interesting. At the same time the student will derive great benefit from the mere fact of having written the report. He gets accustomed to writing and expressing himself properly, and at the same time cultivates the ability of properly reporting cases, an ability which is not to be despised.

HOMEOPATHIC MEDICAL COLLEGE LIBRARY MAY 14 1901

Pædological Materia Medica.

A SERIES OF LETTERS BY PROF. M. DESCHERE.

IV.

DEAR FRIEND—You are right, *Belladonna* is one of our much abused remedies. In every household which has been in "homœopathic training," we find a little box containing at least twelve bottles, nine of which are generally well filled; the corks are hardly touched; but the other three are always in use and these are *Aconite*, *Belladonna* and *Nux Vomica*. They are the three martyrs of homœopathy, for whenever the baby has eaten too much and spoiled its stomach and lost its appetite, or whenever the head of the family feels "bilious," or whenever a friend or neighbor is constipated, *Nux* has to suffer, but you know how wrong it is to administer a drug on such vague indications, and how rarely it helps. If it does not, people think the preparation is not strong enough, and they must have it "*strong*," tincture, of course, and consequently you find these household boxes generally equipped with tinctures and low triturations. These, at least, do something, and if they make the patient feel sicker than he has been before, the doctor is sent for, and in this way, I think, the domestic medicine chests have done good service to homœopathy.

With *Belladonna* the experience is different; the laity do n't really know what to do with this substance; but, looking into the book that they happen to consult, they frequently find for colds, coughs, headaches, colic, sore throat, etc., the direction to give *Aconite* and *Belladonna* in alternation, and sometimes even the family physician tells them to do so. You know better; you would not give such advice to your patients; you know that in using two remedies at a time, alternating every hour or half hour, a practical result may sometimes be obtained; but what an unsatisfactory one. Such practice will lead to the grossest empiricism, for you would never try to get a clear indication for any single remedy, and if you were justified in alternating two remedies, why not three or four? and I assure you that I have seen this actually done by physicians calling themselves homœopaths, and who fell into this practice simply and solely on account of their utter ignorance of Materia Medica, as well as of the fundamental laws of our school. Such polypharmacy is the very antagonism to Hahnemann's teachings, which are, first of all: *the* similar remedy, *i. e.*, but *one*. Study the Organon, paragraph after paragraph, and show me one single item where Hahnemann speaks of alternating drugs in the above sense; read through all his writings and you will always find him advocating in the strongest terms the administration of *the single remedy only*. True, in an instance regarding *Bryonia*, he says that this

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may sometimes be used in alternation with *Rhus tox.*, but he clearly explains how, thus: giving *Bryonia*, the condition of the patient, for instance in typhoid fever, may have changed *after a day or two*, so that it is not indicated any more, but *Rhus tox.* symptoms clearly present themselves, which again give way to *Bryonia the following day*. But this alternation is certainly based upon the law of similars, and each drug is administered according to the symptoms presenting, and it is thus purely scientific, and will occur to you sometimes in practice. This is a clear demonstration against the inexcusable abuse of the name homœopathy when empirically alternating remedies by the hour.

Pardon the digression from our subject.

Belladonna is a panacea when treating sick children; it will be a true friend in some of the most critical phases of acute disease, as well as in obstinate, prolonged conditions in chronic ailments. Speaking of acute diseases, I do not only refer to inflammations with cerebral complications of serious consequences. It will be of use in affections of almost every organ in the body, and that is the reason why we can make such frequent use of it in acute conditions. *Hartmann* calls it, after *Aconite*, *Chamomilla* and *Ipecacuanha*, "the fourth hero in diseases of children." The very quick irritability of the infantile nervous system in its state of development, liberating convulsions by reflex action from inflammatory irritation, give it a place in the beginning of pneumonia, enteritis, scarlatina, variola, measles, etc. But we need not go so far; it is by no means necessary to wait for such grave symptoms for the application of our drug, for we have occasion to use it daily.

In a general way, the *pains* of *Belladonna* are of a sharp, *sticking* character, or burning, and with an aching soreness and swelling of the affected part. They come on suddenly, ceasing as suddenly after a shorter or longer duration.

We always find an extraordinary *hyperæsthesia*, especially of vision, hearing and smell; also of the skin; therefore you will always think of *Belladonna* in cases where excessive *photophobia* is a prominent symptom. The same is true where the *least noise*, even whispering or the lightest footsteps are badly borne; the patient even awakes from fancied noices; where *moderate odors*, especially of tobacco and soot, are unbearable; and the patient has great fear of fresh air and draughts. These conditions are so characteristic that they alone will decide the selection of a remedy if two or three compete.

A child rarely complains of *headache*, as the adult would do, with many slight affections; we must, therefore, consider this symptom carefully, especially when in connection with increased temperature and pulse; it will then rarely stand alone, but we will find, perhaps, gastric symptoms accompanying, which, if forcible vomiting ensues and a drowsy state follows this headache or accompanies it, will put us on our guard as to a *cerebral affection*. And then, if on closer examination we find, as is frequently the case, the *eyes red*, *glistening*, with *enlarged pupils*, an *anxious*, *wild expression* and *occasional twitching of single groups of muscles*, a prompt administration of *Belladonna* may frequently cut short, or at least break the sharp point of, a grave cerebral inflammation. These symptoms you will sometimes find during teething, by reflex action upon the brain, and also at the beginning of an eruptive fever, where no affection of the brain or meninges is actually present. But also here *Belladonna* will so stimulate the reactive powers of the organism that the alarming symptoms cease and a full development quickly follows.

A place where *Belladonna* is very much at home is the throat. We find the tonsils, soft palate, pharynx and tongue, red, swollen, dry and excessively painful even when swallowing the smallest portion of liquid; here, if the patient is old enough, he will complain of those sticking pains, of which I spoke as being characteristic of the drug, and a choking sensation on swallowing, the right side being the one most affected. These symptoms will be indicative for the administration of *Belladonna* in *tonsillitis*, *quinsy*, as well as *diphtheria*.

The *cough symptoms* of *Belladonna* are very characteristic in children; the cough is always *worse at night*, *waking the child from sleep* and inducing crying immediately before the cough

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comes on, but more so after the cough, while the *face becomes red during* the paroxysm; the cough is almost always *dry*, frequently spasmodic; if expectoration is present, this occurs especially about noon. Having these symptoms clear in your mind and following them, you will make friends readily when prescribing it in *whooping-cough*, *laryngitis*, acute as well as chronic, *bronchitis*, *pneumonia*, *pleurisy*. I remember such a typical case of *chronic pneumonia* or, as some call it, *fibrous phthisis* cured readily by *Belladonna*[30].

Another great range for the administration of our drug is found in *abdominal affections*, especially in *typhlitis* and *peritonitis*, when you find great congestion of blood towards the head, combined with that excessively hyperæsthetic tenderness of the affected parts, which is aggravated by the least jar of the bed or touch. These conditions occurring more frequently in children old enough to describe their ailments, the pains are said to be of a *burning character*.

Also in *dysentery* with the above symptoms and additional *constant pressure to stool with tenesmus during the passages*, which are greenish, slimy, bloody and scanty, the *child crying during the evacuation*.

The great praises of our "friends" of the old school regarding *Belladonna* for the cure of *eneuresis* is undoubtedly based upon its homœopathicity to the condition, while they lack the proper indications, and naturally announce their well-known therapeutic failures. We know how to draw the line closely by prescribing it only in children who *wet the bed during a restless sleep*, frequently starting, and during the day having *frequent desire to urinate small quantities*. The urine in these cases is bright yellow and clear, often quite pale, becoming turbid on standing, while during inflammatory affections the urine is blood-red. The opposite condition as well—*i. e.*, *retention of urine*—especially in infants, will be readily cured by *Belladonna* as long as the general symptoms correspond.

Speaking of infants, I must not forget to remind you of *asphyxia neonatorum*, where the *face is red* and the *eyeballs congested*, and where a few pellets of the 30th pressed between the lips of the patient will readily assist you in restoring life.

I do not want to encroach upon your valuable time any longer, and shall only draw your attention to the *spasmodic affections*, as, for instance, *chorea*, *epilepsy* (which is not as rare in childhood as is sometimes stated), *trismus*, etc., as also to *diseases of the eye and ear*. In conclusion let me advise you to think twice before administering *Belladonna* in *scarlet fever*, with which it has been identified by the founder of homœopathy, and in consequence of this has been grossly abused by many of his thoughtless followers in direct opposition to the spirit of that very man's teachings. He found it to be the similimum for the form of scarlatina appearing at his time, the so-called *Sydenham* type, with its smooth and glossy eruption, and where he also strongly advised the same remedy as a prophylactic. But the *Sydenham scarlatina* is a rare exception at the present day and, therefore, *Belladonna*, if indicated, is so only by the accompanying symptoms. Yours truly, M. D.

Cocaine in Cataract Extraction.

IN the *Journal of the American Medical Association* (August 21, 1886), Dr. George E. Frothingham publishes some cases illustrating the safety of cocaine as an anæsthetic in cataract extraction, and summarizes his conclusions as follows:

1. Cocaine relieves the operator from the embarrassments during the operation for cataract that arise from vomiting; also from the agitation of his patient which results from excessive bronchial secretion or stertorous breathing. These are often very troublesome when ether or chloroform is used.

2. The danger to the result which often arises from nausea and vomiting after the extraction, when other anæsthetics are employed, are surely avoided when cocaine is selected as the anæsthetic agent and is properly used.

3. The danger arising from the depressing effect of cocaine upon the nutrition of the cornea is no greater than in cases where ether or chloroform is used. The depression of the circulation, which often arises from either of

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them, may affect very injuriously the corneal nutrition.

4. The disturbance of the circulation of the interior of the eye, and consequent danger of panophthalmitis from this cause, is probably less in using cocaine for this operation than in resorting to general anæsthesia.

5. The danger of sepsis and consequent panophthalmitis from the use of cocaine may be avoided by using only fresh solutions.—*Therapeutic Gazette.*

Reduction of Strangulated Hernia.

DR. GEORGE R. FELLOWS, Maine, writes to the *Medical Record:*

"About two years ago was called to see a case of strangulated hernia of two days' duration. Two physicians were called but were unable to reduce the hernia by ordinary means. The patient was suffering terribly, but was unwilling or unable to take opiates of any kind. Thinking to relieve the pain, I sprayed the hernia with ether, using a common hand atomizer, and was greatly surprised to find the hernia disappearing spontaneously.

"Since that time I have used ether spray in strangulated hernia in several cases, always with the best results, the operation being painless and reduction occurring spontaneously or with slight pressure."

If an ice bag is a proper application to contract the protruded viscera, why not the ether spray?

Professor Helmuth's Clinic.

CASE I.—The first case that came before the clinic was Mrs. H——, aged fifty-one years. Had had pain in breast for last eight years, which her physician called neuralgia, and for which he had given her liniment which did no good. First noticed a small swelling in breast. While nursing first baby had sore nipples, which healed up. Since then has taken considerable medicine to purify her blood. Now has neuralgic pains in head that extend into eyes and down over back of head on to shoulders. On examination nipple found retracted.

Professor Helmuth then said the mammae are very frequently affected with tumors both of the homologous and of the heterologous varieties; the fibrous being the most frequent of the homologous variety and the scirrhus of the heterologous. The next in frequency of the homologous are the adenoma, and of the heterologous the encephaloid, and next the epethelioma, fatty tumors being the least frequent of all. As a rule encapsulated tumors are innocent, and when not encapsulated they are malignant. Infiltration is a mark of a cancerous tendency in a tumor. Infiltrated tissue is hard; the hardness being gradually lost in the surrounding tissue. Innocent growths are circumscribed.

This patient's growth was diagnosed as a small adenomatous tumor, and the treatment advised was, first, suspension to relieve the dragging; second, for the removal of the tumor, Baryta carb. 3x, five grs. three times a day; third, for her neuralgia Colocynth 3x, in water.

CASE II.—Mrs. D., aged 25 years, presented herself with some disease of her jaw-bone. First noticed a white spot on gum of eye-tooth of left side. This was poulticed, and after it had broken five pieces of bone were removed. The disease was diagnosed as acute necrosis of nasal process of the superior maxillary and also of its alveolar process on the left side. Process of necrosis is now spreading and face is beginning to swell. The treatment advised was to remove any portions of bone that were loose, but if the pieces were adherent to wait for the line of separation; to syringe cavity with a solution of tincture of calendula and water, one to four, and to give internally hecla lava (which has a special action on the jaw-bone), 2x, five grs. three times a day. Continue treatment for six weeks.

CASE III.—Thomas R. Last Saturday night he got in a fight, in which he received a tooth wound in the hand. Here Prof. Helmuth spoke of the dangerous character of these wounds, saying that they were always followed by serious symptoms, no matter what treatment was used. On the Sunday following his hand began to swell

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and get painful. Red lines are now visible on his arm, showing course of inflamed lymphatics, complains of severe backache; pulse 140, temperature 104. Diagnosis septicæmia; treatment, Sulpho-carbolate of soda, 30 grs. in half a glass of water, a tablespoonful every three hours; apply a poultice of ground flax-seed to the hand.

CASE IV.—Eliza P. Scalded hand and arm with hot-water. Treatment: Apply mineral earth three times a day. Return in three weeks. In stage of vesication, wash burn with a solution of tincture of cantharides and water.

American Society of Rational Practitioners.

THIRTEENTH ANNUAL SESSION, HELD NOVEMBER, 1886.

FIRST DAY—EVENING SESSION.

REPORTED BY WILLIAM OSBURY, M.D.

DR. EDWARD GUFFIETYKE, of Boston, read an instructive paper on a New and Rational Method of Treating Diarrhœa and Dysentery by Plaster of Paris. He introduced the subject by saying that while there may be nothing new under the sun, in a certain sense, yet there were continually new combinations of old things which made novelty and progress possible. For example, diarrhœa was not new, neither was plaster of Paris; yet he modestly ventured to say that he was the first person to use the latter in the cure of the former. Therefore he thought his method might properly be considered a new thing under the sun.

The treatment he was about to describe he would not recommend for every case of disease where there were abnormal discharges from the bowels. He had employed it in fourteen cases where ordinary treatment seemed to have no beneficial effect. The results were most gratifying both to himself and to his patients, and therefore he had determined to relate the facts to the Society.

He wished to say, further, that all these cases were adults. He did not know from experience how children would bear the treatment. But on rational grounds he was satisfied that even the youngest infant, if the case was properly selected, would derive benefit from it.

His proceeding was so obviously in accordance with reason that he had wondered why it had not been suggested to the ingenuity of some member of the profession long ago. As soon as it was generally adopted he had no doubt it would work a complete revolution in the treatment of diarrhœa and kindred disorders.

The Doctor then described his plan minutely. For an adult, from about a pound to a pound and a half of plaster of Paris would be necessary. In addition, a large basin, about a pint of warm water, fifteen grains of the Sulphate of Morphia and a common tablespoon were required. Besides the operator there should be four assistants, each having a Simms speculum.

The patient is to be placed in the knee-chest position, and two assistants should take their stand on each side of him. The specula, after being carefully oiled, are inserted, and the assistants should be ready to overcome the resistance of the sphincter by traction in different directions as soon as the operator was ready to pack the plaster into the bowel, but not a moment before. He wished particularly to emphasize this point, as experience had shown him the importance of it. In one of his earliest cases the assistants had begun traction while his attention was taken up with the preparations, and some time before he was ready. The consequence was that the patient became fidgety and finally, losing entire control of his temper, began without a word of warning to kick viciously. Dr. Guffietyke had received one of these kicks in his abdomen, and the table at which he was working was overturned by another. It was well, therefore, to bear this matter in mind. It was the Doctor's opinion that some patients were much more susceptible to annoyance from dilatation of the sphincter than others, not so much from pain or physical discomfort, but chiefly on æsthetic grounds.

Everything being so far ready, the Morphia is to be dissolved in the warm water, and the plaster thrown into the basin. The Morphia solution is then poured carefully upon the

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plaster, which must be stirred with the tablespoon rapidly until a proper consistency is reached. The assistants are then called upon to hold back the sphincter firmly, and the plaster is packed without loss of time into the bowel in sufficient quantity to prevent any fluids from escaping when it shall have set.

This completes the operation, but the patient should retain his position for about five minutes, that the plaster may set properly. He should then be assisted into the recumbent attitude. With ordinary dexterity it is not necessary to keep the patient on his knees for more than ten minutes all told.

The reason for putting the Morphia into the water was to allay pain which was apt to be caused by the pressure of the hard plaster against the mucous membrane. And it was perfectly safe to use several grains, as very little of it could possibly be absorbed—only so much, in fact, as should be on the plaster when it came in contact with the membrane.

This plug—for a plug it undoubtedly was—should not be disturbed for seven days, during which the patient should be seen every day and kept under the influence of Morphia by frequent hypodermic injections. The efforts of the lower bowel to dislodge the plaster caused much pain in all cases, but he had not known a single instance where those efforts had been successful.

At the end of seven days the plaster should be removed. The doctor exhibited an ingenious pair of shears, of his own designing, for breaking up the plug, which was to be removed piecemeal by forceps. It was impossible to remove the plaster entire, and his patients were all placed under an anæsthetic before using the shears.

Not one of his patients treated in this way died. One or two had had ulceration of the rectum since, and were yet under his care. They were doing well. In some other cases the temperature had run quite high during the seven days, but by the exhibition of the ordinary remedies it had been easily brought down.

Dr. Samuel Pikerly said the plan recommended by Dr. Guffietyke was startling in its ingenuity and novelty. It was worthy the attention of the profession, and if it should be shown by experience that it was perfectly safe, it would be a boon to humanity and an addition to the means at our disposal in these troublesome cases which every physician would hail with satisfaction. He thanked the doctor for his paper.

Dr. Alva K. Buster thought the plan good so far as theory went, and was pleased to hear that in the cases under Dr. Guffietyke's care there had been no fatal termination, but for his part there seemed to be more than one danger lurking about the treatment. He was ready to own that he could conceive of no more effectual way to prevent discharges than the one advocated in the paper under discussion, but at least in careless hands there must be more or less danger of inflammatory action being set up in more organs than one. While he was up he would mention that some years ago he had brought before the profession a simple method of treating similar complaints. It consisted merely in suspending the patient by his heels, when gravitation came to his relief. He had since modified his plan somewhat by devising a comfortable frame, which could be placed in bed under the coverings. The patient was pulled up to the frame by broad bands attached to his heels, and elevated until only his shoulders and his head rested on a large pillow. This position was not altogether comfortable, but was surely not so full of discomfort as the method of Dr. Guffityke, nor was there any danger connected with it. He was prepared to speak well of his results in the matter of relief and cure.

After further discussion the Society adjourned till the following morning.

The report will be continued.

DR. C. E. FISHER has reported to the *Southern Journal of Homœopathy* three cases of *indolent ulcers* treated and cured with surprising rapidity by the use of the faradic current of electricity. He applies the negative pole to the sore, the positive up and down the leg.

The power of the faradic current to increase the blood supply and to stimulate local nutrition and function would seem to indicate its use in such outbreaks of depraved nutrition.

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A Case of Melancholia.

BY SELDEN H. TALCOTT, M.D.

CASE No. 1,278.—Male, aged 64; civil condition, married; number of children, one; occupation, farmer; education, common school, and Presbyterian in his religious proclivities.

This was a case of acute melancholia, and it was the first attack. Duration of attack previous to admission, two weeks. Cause of insanity, loss of property.

This patient had entrusted considerable sums of money to Judge T——, of Newburgh. As you will remember, the Judge died insolvent, and many unfortunate creditors suffered severe losses. Our patient began suddenly to be depressed and refused to eat. He thought that his farm stock would starve; he did not dare to go to the barn for fear that he would kill himself. Said that he would kill his wife and daughter; he could not sleep at night, and he worried constantly. One of the medical certificates on which he was committed stated: "He is suffering from symptoms of melancholia, with a suicidal tendency. He imagines that his wife and daughter are starving and that he cannot get food for them; that his property is all gone, whereas he has yet a competency. Moreover, he has attempted suicide and says he wants to die, for which wish he can give no good cause."

On the day following his admission to the asylum his pulse was 96, skin hot and dry, and the muscular system greatly agitated. Mentally he is anxious, fearful of death, restless and uncertain; he does not know what to do or what he wants. The patient received, on account of his intense restlessness and anxiety, and fears concerning death, aconite 3d every two hours.

During the day the patient became suddenly intensely excited and commenced scratching himself so severely as to tear and mutilate the skin. At the same time he talked very irrationally. His arms were placed in canvas sleeves and he was put to bed, where he soon became quiet and talked more sensibly.

On the 18th his pulse was 84, he had slept five hours during the previous night and was talking well in the morning. Was kept quietly in bed and made to take an abundance of liquid nourishment. On the 19th his pulse was 90, he talked better, complained of no pain, but at times seemed temporarily confused in mind. On April 19th, fretful during the day, but in the evening the patient became excited, would not speak, threw his arms and legs about in a violent manner, kept his teeth constantly chattering, and he breathed hard and hurriedly, like a tired and worried dog. He was given Rhus tox. 1st every two hours.

20th, Pulse 96; did not sleep much the night before, but was quiet after eleven o'clock; his breathing became easy and his arms and legs were once more under control. 21st, Slept well last night and is talking rationally this morning. Pulse 84. 23d, Pulse 84. Mind appears growing stronger; talking well and realizing his position better than heretofore. 26th, Pulse 78. Is improving daily, but is still kept in bed. 28th, Pulse 84. Is talking well, is up and dressed and walking in the ward. May 2d, Pulse 84. Is depressed and inclined to be apprehensive. Sleeps and eats well. Patient has a cold; tongue thick, flabby and yellow coated; teeth feel too loose. Was given Mercurius vivus third trituration. May 14th, Right ear appears inflamed; has the appearance of having been stung by some insect. 15th, The left ear is now swollen the same as the right ear was. The right ear has resumed the normal appearance under Apis 30th.

June 3d, Patient is doing well, is pleasant and talks sensibly. In mind he is strong and steady and in body is in better condition than before his illness. He is able to realize the severity of the sickness from which he has suffered.

On the 26th of June, a little more than two months from the date of his admission, No. 1,278 was discharged recovered.

Here you have a case of acute melancholia in a man past the prime of life, who had, before this attack of insanity, enjoyed fair health; and who, upon the loss of a portion of his property, suddenly became depressed and passed into a state of melancholia, where he was sleepless, full of delusions, homicidal and suicidal. His

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age and the severity of the attack would militate somewhat against his recovery. Prompt admission to an asylum, careful protection from injury, compulsory treatment in bed, and abundance of liquid nourishment, and the carefully selected homœopathic remedy were the means used to promote and effect a happy recovery.

Song.

DEDICATED TO CLASS OF '88.

BY A TRAMP.

SPARKLING and bright,
In its liquid light,
Is aphasia in our glasses;
While we drink to the strains
Of softening brains,
And schlerosis, as it passes.

CHORUS.—Then drink to-night
With a heart as light
As the heart of an epileptic;
While our blood still flows
In a purple ooze
Of "pizen" truly septic.

Fill high the glass,
Till all shall pass
By swift and easy stages
To the madman's grave
In the bloody wave
Of meningeal hemorrhages.—CHORUS.

(For THE CHIRONIAN.)

An Incident in Homœopathic Practice.

THE following, a somewhat peculiar case, is presented to add a share of testimony in favor of the efficacy of China in conditions suited to that drug. Whilst probably little doubt exists as to the efficacy of this or, in fact, any other drug where administered homœopathically and upon properly selected symptoms, in the minds of our readers, yet the remarkable promptness of action in this case seems worthy of special mention, and is rendered even more so by the fact that the patient had been treated for a number of years by an old-school practitioner, and one, too, who still holds to the use of heavy doses of quinine, morphia, purgatives, etc. I saw the patient—a girl of eleven years—a number of times during last summer, and her condition aroused my sympathy, so much so that I advised the mother to send the little one to the country and to stop medication; this she said she was unable to do at the time, and furthermore had tried the country and everything else for her without benefit; in fact, she was almost inclined to resign the child to her fate after five years of nursing and care, which had produced not the slightest change in the case, except for the worse, as the patient now never ceased to complain. Answering a question which I had put merely for information, as I had no idea whatever of taking the case, the mother said: "Oh, yes, indeed, every kind of medicine has been tried. Why, the attic and cellar are just standing full of bottles! Oh, no, medicine won't have any effect on her, she has had barrels of it!" This, I judge, she said to quell any desire on my part to continue that system of treatment, but on that score she had no ground for fear; had she known at the time that I was a homœopath I imagine her fears would have been reversed. Before leaving her I remarked that the case, in my opinion, was not at all hopeless, and that with proper treatment the child would rally. About a week later the lady called on me again, and requested me to take charge of the case, because, as she explained it, both she and her husband wanted everything tried, *even homœopathy*, but said they would not pay anything just then, nor make any promises. "To be plain," said she, "I have no faith in your medicines, and only try it because it can do no harm and because everything else has been tried. We have already paid too much to doctors." I assured her that it was not a question of remuneration, and that I had no doubt she had paid all she could well afford, and the old-school physicians having received that, there was nothing left for the homœopath but the treatment and probable cure of the case. This, however, I did not mind, as it was by no means my first experience; besides, we did not give as much medicine and did not require as much pay as our old-school brethren; then, too, we practiced for the love of the profession, and because we had been called by Providence, and in these found a large bulk of our reward. After

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this little speech the lady did not seem inclined to let me have the case. She seemed to entertain some doubts as to my seriousness in referring to Divine Providence and the love of my profession, but I reassured her, and after calming her suspicions and assuring myself that there were at the time no old-school physicians on her pay rolls, I promised to call that evening, as the child, among other things, suffered from frequent and alarming epistaxis, a recent attack of which had weakened her to such an extent that she was at the time unable to sit up in bed, and fainted from sheer weakness upon the least noise or excitement. In fact, the family feared she would die if another attack intervened before she had reacted, for which fears there was, indeed, abundant ground, as I discovered when I saw the patient. Calling at the house that evening, I found the child much changed, even from the weak, cachectic condition in which I had previously known her. Her face was blue with hectic spots about the size of a half dollar on each cheek; the eyes were sunken and expressionless; color was absent from lips and gums; hair and skin were dry and harsh. Respirations were quick and feeble; pulse was almost imperceptible; feet were cold, hands tremulous and nails blue. Inquiry into the history of the case developed the fact that the child five years before had suffered from a severe attack of pleurisy, with the departure of which bleeding at the nose had set in and continued at longer or shorter intervals, but increasing in frequency and amount up to the date of my visit. Suspecting polypi or other local causes, I examined the nasal passages without discovering anything abnormal. The child, in the interval of the five years succeeding the attack of pleurisy, had from time to time suffered with violent attacks of diarrhœa, dyspepsia, palpitation, "biliousness," and, at one time, cystitis and incontinence. The palpitation was an almost constant symptom. Digestion had been much interfered with, and there was much nausea and vomiting during the morning hours, with marked vertigo. Stools undigested and painless. Upon examination, I found the chest contracted, shoulders stooping, little or no expansion in upper part of thorax in respiration (possibly due to pleuritic adhesions). Liver was enlarged and tender throughout. Tenderness over the region of bladder and abdomen. Heart very irregular and weak—seemed to beat wildly until exhausted, and would then cease for a moment, commencing slowly at first, but increasing in rapidity with each beat; but the sounds, so far as I could learn, were pure. This, in brief, was the condition of my patient. Due to the great exhaustion from loss of blood and upon general principles, I gave China (tinct. in water every hour), expecting the next day to find occasion to change the drug, but the improvement the next morning was so marked as to be evident to all who saw her, hence I continued it, but in a higher attenuation. Each day for five days I increased the attenuation until the 30th was reached (given every two hours) and then medication was stopped. In one week from the time of my first visit I had the pleasure of taking my patient on a little excursion to the country. About the tenth day I found on examination that the liver was still enlarged and tender, and as the stools were large and dark and the vertigo still continuing, I gave Bry 3x, three times daily, for four or five days and stopped again, when Nature stepped in and completed the cure. When examined three months later all tenderness of the liver was found to have disappeared, the heart beat clearly and regularly, appetite was good, bowels regular, vertigo much less, liver normal in size, whilst the weight of the patient had increased sixteen pounds. The epistaxis up to this time has not returned. Will some one suggest a diagnosis? I might say here that the entire family have altered their opinions of homœopathy, and even offered to pay for my services, which, *of course*, I modestly refused.

CECIL.

NEW YORK, Dec. 1, 1886.

An Epidemic of Insanity.

A DOCTOR from a town in Massachusetts (7,000 inhabitants) writes to us:

"Insanity seems to be having a run here just

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now. About a week ago Mrs. —— began to be cranky and for a few days was badly "off." Then her sister, who was very weak from hemorrhage, began to worry about her, and finally became unbalanced herself, and has been inspired to preach the past two days. Yesterday I was called to examine a woman from the town farm who has become crazy and had to be taken to the asylum, and this morning I was called to examine a man from New York State who also had to go to Northampton."

(For The Chironian.)

Our Faculty.

H. W. PAIGE, M.D.

TO the boys at the college 't was Allen that said:
"Get Materia Medica well in your head;
In this you will find the most practical chair,
And the branch which will soon bring your patients out square."
Then Helmuth stepped out from his place in the line,
Spake he thus to the students: "The best chair is mine,
For what would you do with a bone out of place
If you had fifty drugs that would cover the case?"

When Helmuth was done and quiet restored,
A doctor named Smith the others near floored;
He first told a story, then spoke out right free:
"While you talk of importance, what's the matter with me?
For what could you do with your drugs or your knife
Without first the theory, then the practice of life?
And if a case you should have where drugs do not tell,
Just *quill her* at once and she 'll turn out quite well."

Doctor Dowling percusses the walls of the chest,
And Leal takes delight in a chemical test;
The "dry" muscles and bones to Doughty belong,
Together with "gentlemen" when they 've "gone wrong";
'T is while as an embryo striving to live
That we 're shaken by Danforth in lecturing sieve;
He talks about follicles, ovum, the like,
It 's a wonder the fœtus do n't go on a strike.

Ophthalmia and iritis with Liebold are cured,
Misplacements and such by McDonald insured;
R. H. Lyon, Esq., once a week without flaw,
Gives us the rules to keep straight with the law;
Moffat he scatters the symptoms like rain,
For Talcott to use on his troublesome brain;
Deschere in the little ones takes much delight,
While on kidney diseases 't is Dillow throws light.

"It 's otalgia," says Houghton, but what 's in a name,
Call it darnation earache, the pain 's just the same;
Here comes a small man, with a name long as sin,
Arcularius it is—a professional *skin;*
Doctors Beyea and Blackman, McDowell and White,
With Cornell and Wilcox will Beebe all Wright;
Dowling, junior, and Shelton also stand in the row,
With the glorified faculty we 're all proud to know.

Now that we 've nearly all the "names on our list,"
Try and select those who "would not be missed."
Each feels his own chair most important of all,
And I think they 're just right, for I cannot recall
The name of a subject which does not add weight
To the course which is given, so, ere it 's too late,
Tend *all* of the lectures which the faculty give,
'T will be to your profit as long as you live.

The Conditions of Neurasthenia.

MR. DE BERDT HOVELL has been repeating at Brighton his well-known views on the subject of hysteria. They are to be carefully received as those of a shrewd practitioner of long practice and large experience. He strongly protests against the whole hypothesis of *hysteria.* He thinks the theory that localizes the disease is the mere survival of medical demonology, which located ill-humor in the spleen, blue-devils in the liver, and the soul in the pineal gland. He claims for hysterical patients more fairness of treatment and more discrimination. He attributes many of the cases to shocks, physical or moral, leading to deficient or depressed nerve-power, with all that this implies in the way of pain, irritability, inability for locomotion, etc. Mr. Hovell admits that the cases are difficult to cure; but he maintains that if we are to deal with them effectually we must "set aside all consideration of the organs of reproduction, which most probably are not concerned, and transfer our attention to the moral nature." Mr. Hovell gives several cases in which there was a distinct history of shock or exhaustive work to explain the break down in the nervous system. We live in days when the nervous system is getting its full share of attention from pathologists and physicians, and even gynæcologists are finding out that the uterus, and even its appendages, which are now blamed by some for everything,

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are not such culprits as has been supposed. Mr. Hovell will admit that the cases of so-called hysteria do occur chiefly, though by no means exclusively, in women. In their organization there is *something* specially favoring the occurrence of this state of disease. It may not be in the special organs of the female so much as in the special organization of the nervous system. Mr. Hovell deserves much credit for insisting on this point, and he may well be satisfied to know that the drift of opinion among physicians is towards the acceptance of his views. Women are more finely strung than men. They are more liable to pain or pains of all sorts from mere functional causes. Such a constitution is perplexing to the physician, but it has to be considered, and not treated as a sort of crime, as has too often been the case.—*Lancet.*

The Century for 1886-87.

THE CENTURY is an illustrated monthly magazine, having a regular circulation of about two hundred thousand copies, often reaching and sometimes exceeding two hundred and twenty-five thousand. Chief among its many attractions for the coming year is a serial which has been in active preparation for sixteen years. It is a history of our own country in its most critical time, as set forth in

THE LIFE OF LINCOLN,

BY HIS CONFIDENTIAL SECRETARIES, JOHN G. NICOLAY AND COL. JOHN HAY.

This great work, begun with the sanction of President Lincoln, and continued under the authority of his son, the Hon. Robert T. Lincoln, is the only full and authoritive record of the life of Abraham Lincoln. Its authors were friends of Lincoln before his presidency; they were most intimately associated with him as private secretaries throughout his term of office, and to them were transferred upon Lincoln's death all his private papers. Here will be told the inside history of the civil war and of President Lincoln's administration,—important details of which have hitherto remained unrevealed, that they might first appear in this authentic history. By reason of the publication of this work,

THE WAR SERIES,

which has been followed with unflagging interest by a great audience, will occupy less space during the coming year. Gettysburg will be described by Gen. Hunt (Chief of the Union Artillery), Gen. Longstreet, Gen. E. M. Law, and others; Chickamauga, by Gen. D. H. Hill; Sherman's March to the Sea, by Generals Howard and Slocum. Generals Q. A. Gillmore, Wm. F. Smith, John Gibbon, Horace Porter, and John S. Mosby will describe special battles and incidents. Stories of naval engagements, prison life, etc., etc., will appear.

NOVELS AND STORIES.

"The Hundredth Man," a novel by Frank R. Stockton, author of "The Lady, or the Tiger?" etc., begins in November. Two novelettes by George W. Cable, stories by Mary Hallock Foote, "Uncle Remus," Julian Hawthorne, Edward Eggleston, and other prominent American authors will be printed during the year.

SPECIAL FEATURES

(with illustrations) include a series of articles on affairs in Russia and Siberia, by George Kennan, author of "Tent Life in Siberia," who has just returned from a most eventful visit to Siberian prisons; papers on the Food Question, with reference to its bearing on the Labor Problem; English Cathedrals; Dr. Eggleston's Religious Life in the American Colonies; Men and Women of Queen Anne's Reign, by Mrs. Oliphant; Clairvoyance, Spiritualism, Astrology, etc., by the Rev. J. M. Buckley, D.D., editor of the *Christian Advocate;* astronomical papers; articles throwing light on Bible history, etc.

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Can you afford to be without the Century?

THE CENTURY CO., NEW YORK.

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Measles During Vaccination.

BY A. K. CHALMERS, M.B.

IT seldom happens that the date of exposure to the contagion of measles can be fixed so accurately as in the following series of cases:

On April 20th, B——, a child, two months old, was vaccinated, and on that day week had two well-developed vesicles. It seemed in perfect health, and three children were vaccinated from it by the direct method. On the following day, after a few hours' fretting, a measles rash appeared and followed a normal course. There were no distinctive premonitory symptoms, and the course of the vaccine vesicles was not affected by the measles. Of the three children vaccinated from this infant, one, F., five months old, developed a typical measles eruption on the afternoon of the eighth day of vaccination (May 4th). No stage of premonitory symptoms, and course of vaccine vesicles unaltered. Another of the three, H., five months old, had some lacrymation on May 4th (one week after vaccination), was restless and sneezing during the following day, and on May 6th presented a blotchy and ill-developed rash of measles on the trunk and limbs. The vaccine areola here was of considerable size and hardness. The third child (S.) displayed a papular eruption (vaccine lichen) in the second week, but no measles, and may now (three weeks after exposure) be assumed to have escaped the infection. In connection with the child H., another case arose in an infant of a few days. This patient, the child of a neighbor, was born on April 6th. On May 26th it vomited, and on the 7th was completely covered with a typical rash of measles, which followed the course of a normal one in older children. From May 2d a hoarse "measly" cough was present. When the child first mentioned developed measles, it became of importance to watch the probable inception of the disease in the others. They were children of families living widely apart, and only brought in contact for vaccination. The vaccinifer, as afterwards appeared, was then in the preëruptive stage of measles, but no catarrhal symtoms had developed. What part, if any, would the lymph play? Could it act as carrier of poison from a source which had given no indication of being contaminated? If the children vaccinated from this one became infected, how had the contagion reached them.

The fourth case related, in the child of eleven days, suggests, if it does not determine, the manner of infection. The rash here followed, within twenty-four hours, its appearance on the neighbor's child (H.); and unless the incubation period of measles can be reduced to a vanishing point, these two cases have only an accidental relationship. Indeed, this youngest child seems to come within the primary circle of infection, and to have derived its infection indirectly from the source which affected the children F. and H. How far, however, the first case may be held as causing the others is uncertain. We recognize the preëruptive stage of measles as probably the most infectious, but catarrhal symptoms have been held necessary to fix the beginning of the infective period. This child had no such stage; the eruption was amongst the earliest symptoms. The other children of its family went through an epidemic of measles about six months before. In the interval they removed from the house they then occupied, but carried the contagion with them. A passing depression of the child's system, consequent on vaccination, supplies the necessary fuel, and the poison awakens to fresh activity. But unless we regard the clothing of this child or its mother as containing the contagion which infected two of the children vaccinated from it, and by transmission, in the clothing of the child H. or its mother, reached the newly-born infant, we must accept an infective period, preceding the eruption of measles, which is non-catarrhal, and has no symptoms by which it can be recognized. The child which escaped infection is probably an example of the possibility of pure cultivation of vaccine virus in an infected medium.—*Lancet.*

M. BOUCHARD has induced cataract in rabbits by the use of naphthaline.

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Note on a Rare Dislocation of the Elbow Joint.

BY C. GEORGE BATTISCOMBE, C.B., C.M. ABER.

ON April 9th I was called to see a gentleman who had met with an accident while hunting. I found him lying in a field, and was told that his horse, after jumping a fence with a long drop, had fallen over backwards upon his right arm and leg. He complained of great pain in in the elbow joint on the slightest movement. It was very much altered in shape, and evidently severely injured. I secured the arm in a sling. and had him removed to the Cottage Hospital (Chislehurst, Sidcup, and Cray Valley), which was close by.

On his arrival at the hospital I examined the arm, and found it in the following condition: The forearm was fixed at rather more than a right angle to the arm; all power of natural movement of the elbow joint was lost; and any attempt at forcible movement caused great pain. The hand was partially pronated, but on turning it pronation and supination could be readily performed. The elbow joint appeared too wide from within outwards and from before backwards; it presented two prominences below, inner and outer, and one above the latter, which projected backwards and was continuous with the forearm. The inner angle of the joint was too high, so that the arm appeared to be shortened. There being no amount of swelling, the following points could be clearly made out. The ulna and olecranon were missing from their natural position in relation to the humerus, the two condyles of which could be distinctly felt with the notch between them. The ulna and olecranon were resting fully half an inch above the external condyle of the humerus, the elbow projecting about an inch beyond the latter. The radius could be felt above with its head resting against the outer border of the humerus. It was not separated from the ulna, and rotated readily on pronating and supinating the hand.

I put the patient under chloroform, and carefully examined for any fracture. I could find none whatever, and concluded that it was a case of complete dislocation outwards of both bones of forearm. I then proceeded to reduce the dislocation. Grasping the forearm with one hand, and the elbow with the finger of the other, I pulled it steadily downwards, endeavoring to get the olecranon over the external condyle. It took some minutes to do this, and required a good deal of force. Then, holding the olecranon below the condyle with the left hand, I seized the forearm lower down and used it as a lever, and while forcibly extending the forearm I rotated it outwards. On continuing the extension, the olecranon suddenly slipped into its natural position. The joint immediately answered to all its proper movements, but when left alone tended slightly to return. I fixed it at a right angle on a posterior angular splint.

When I called in the evening the patient was free from pain, and complained only of a feeling of numbness in the arm and hand of the injured side. The next morning when I arrived at the hospital, he had gone home; but I ascertained that beyond the numbness and a little swelling, he was very comfortable. A week afterwards he was doing well, could move the joint pretty freely, and was free from pain.

Complete lateral dislocation of both the bones of the forearm is, I believe, extremely rare. I have seen no description of it, though it is mentioned in several surgical works.—*Lancet.*

Excision of the Hip Joint.

DR. H. H. VINKE, after reviewing the statistics of this subject, in the light of antiseptic surgery and the recent discoveries concerning the essential cause of tuberculosis, gives the following reasons which might be urged in favor of early excision of the hip joint in the coxitis of children:

1. The mortality of early operations is almost *nihil;* the death rate increases *pari passu,* with the extension and duration of the disease.
2. Early resection arrests the course of the coxitis, and effects a more rapid cure than the rest and mechanical treatment.
3. The results, as regards the usefulness of the

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extremity, are better after early excision than after the expectant plan of treatment.

4. There is reason to suppose that early operative interference may prevent general tubercular dissemination.
5. The time most suitable for excision has arrived when suppuration exists and persists in spite of rest, mechanical and hygienic treatment; when fever exists, which may be explained by the presence of fetid pus; as soon as the general health of the patient begins to fail.—*Ex.*

WE quote below from the last annual report, recently issued, of the Ophthalmic Hospital (homœopathic) of this city, showing a steady increase in the number of patients from year to year since its establishment, thirty-five years ago, until the figures have crept up to about one thousand monthly. This is enormous when we stop to consider that a very large per cent. of these patients were treated surgically.

Number of patients for 1886,	11,207
Prescriptions issued, 1886,	53,747
Resident patients admitted, 1886,	275
Average daily attendance, 1886,	176

An idea of the gradual increase of patients may be had from the following table: In 1852, 830; 1857, 973; 1862, 1,057; 1867, 1,226; 1872, 1,683; 1877, 5,111; 1882, 8,942; 1886, 11,207.

This is the only institution of the kind under homœopathic government in the United States, and the above figures amply demonstrate the amount of good being accomplished and the relief afforded yearly to the suffering public of New York City. The college connected with the hospital is also in a very flourishing condition, and sends out yearly its quota of graduates who take their places in the ranks of the first surgeons (O. et A Chir.) of the day.

College Notes.

LO! the poor turkey!

WHO stole the hat?

CHRISTMAS is coming.

GROUP pictures—chestnuts.

HAVE you written your thesis?

WHO cut your hair, Mandeville?

WHAT makes the squirrel run up the tree? Chestnuts.

WHO is the Senior on the front row with the invisible moustache?

THE students remembered Frank on Thanksgiving Day by presenting him with a turkey.

PROFESSOR: What is a cold abscess?

Student: One in which the parts surrounding it are damp. (Collapse of the professor.)

THE æsthetic young women of New Haven, it is said, carry parasols at night to shade themselves from the electric lights. Is that so, Smith?

PROFESSOR: What would you do in a case of ammonia poisoning?

Student: Give a mild aperient to promote vomiting.

WHAT with the death of Professor Liebold, the sickness of Professors Moffat and Wilcox, and the accident to Professor Smith, the college was not very lively last week.

IT is rumored that one of the Freshmen is going to write a book entitled "What I Know About Anatomy." It is safe to assert that the volume will not be a quarto.

PROFESSOR BLACKMAN'S quizzes are much enjoyed. The genial Professor casually remarked one Friday that he would meet us the next Tuesday afternoon on the base of the skull.

THE boys came up bright and cheerful after the Thanksgiving feasts at home. A New York boarding-house does not compare with home dinners and the smiling faces of home friends.

SUBSCRIPTIONS for THE CHIRONIAN are coming in finely, and yet there is no lack of copies. Every man in college ought to take the paper and be proud of it. The number of medical colleges which support a college paper is very limited.

NEW students are still coming in. One of the recent arrivals is Mr. Whaley, who graduated at Williston Seminary, Easthampton, last year. Remember that *The Willistonian* is one of our

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exchanges and the usefulness of THE CHIRONIAN to the college will at once be seen.

Death.

IT is with profound sorrow and regret that we are called upon to announce the death of Prof. Carl Theodore Liebold. Prof. Liebold for a long term of years has ably filled the chair of Ophthalmology in the college department, and has been a leading surgeon in the Ophthalmic Hospital. His eminent learning, as well as the genial smile with which he always met his classes and the public, had endeared him to both students and patients, and quite a void has been created by his death. His funeral took place from the Ophthalmic Hospital building, the scene of his former labors, on Thursday last, the large reception-rooms being crowded to their utmost capacity with loving and bereaved friends, who had come to pay their last respects to a benefactor and friend. Among the audience could be seen many persons who remembered Prof. Liebold only in the light of a kind father who had befriended and consoled them in the dark hours of need. A quartette made up of students of his former class sang, in a very creditable manner, the funeral hymns.

[Carl Theodore Liebold was born in Heidersdorf, in Schlesien, Germany, fifty-seven years ago. He left Germany for the United States in 1859 and came to New York. In 1861 he became an army surgeon in the war of the Rebellion and served until its close, returning to New York in company with Prof. T. F. Allen. These gentlemen, in company with Drs. Wetmore and Bacon, entered the Ophthalmic Hospital, then located at Fourth avenue and Twenty-eighth street, with which institution Prof. Liebold was identified until the time of his death.]

AT a meeting of the Class of '87, the following resolutions were unanimouly adopted:

Whereas, The great Ruler of the universe has, in His infinite wisdom and love, removed from our midst by death our worthy and esteemed instructor,

C. TH. LIEBOLD, M.D.,

and

Whereas, The intimate relations existing during this term between the deceased and the members of this class make it fitting that we record our appreciation of him; therefore be it

Resolved, That the wisdom and ability he has exercised in the advancement of ophthalmology in our college will be held in grateful remembrance by us; be it also

Resolved, That the sudden removal of so eminent a man from our college, in which he has been a prominent instructor for the past fifteen years, leaves a vacancy and shadow which will be deeply felt by all, and will prove a grievous loss to us and the public; be it further

Resolved, That it is with the deepest sympathy we express our hope with the friends of the deceased that even so great a bereavement may be alleviated by the knowledge that by his works his name will be perpetuated.

CHAS. F. SNYDER,
JOHN J. RUSSELL,
SAML. I. JACOBUS,
} *Committee.*

Exchanges.

WE have received the following exchanges: "New England Medical Gazette," "The Hahnemannian Monthly," "Atlanta Medical and Surgical Journal," "The Targum," "La Reforma Medica," "The Dartmouth," "The Crescent," "The Cadet," "Medical Counselor," "Minnesota Medical Monthly," "The Medical Era," "Latin School Register," "The Argosy," "The Willistonian," "The Homœopathic Recorder," "American Homœopathist," "Swarthmore Phœnix," "College Mercury," "The Periscope," "Fisk Herald," "Arms Student," "New York Medical Monthly," "The Medical Current," "The Polyclinic," "Physicians' and Surgeons' Investigator," "The Academian," "University Cynic," "The Portfolio," "Academy Student," "Albany Medical Annals," "Scientific American," "The Signal," "Hamilton College Monthly," "Philosophian Review," "The Concordiensis," "Student Life," "College Journal."

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THE CHIRONIAN

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THE CHIRONIAN.

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Alumni, Professors and Undergraduates are asked to contribute to our columns. All articles must be signed by the name of the writer.

The editors are not responsible for opinions of contributors.

Subscriptions taken at the College. Single copies may be obtained in the "Students' Room."

All remittances by mail should be made to the Business Manager, at the College.

THE CHIRONIAN will be sent until ordered discontinued.

ON account of the change in the editorship of THE CHIRONIAN, errors may have crept into this issue which we trust our readers will overlook. We are proud of the past success of our journal and do not intend to let its fine qualities deteriorate with age. No College journal has access to better material than THE CHIRONIAN, and we take pleasure in announcing some articles of especial merit in the near future.

TO edit a journal like THE CHIRONIAN, filling its pages with readable material, arranged in attractive form and issued on time, is a work of no mean proportions; but when to this is added the task of attending five or six lectures a day and making conscientious preparation for the final examination, it becomes far from enviable.

The board of editors receive no compensation for this work, and only ask the hearty support of every student, alumnus and professor of the College in making THE CHIRONIAN a College journal of high standard, and sustaining it as such.

Every student and alumnus should consider it his duty to subscribe for THE CHIRONIAN, not only to provide themselves with an admirable medical journal, but to show their appreciation and sympathy in the work of their Alma Mater.

WE acknowledge with gratitude the gift of one hundred dollars by David B. Dows, Esq., of this city toward the building up of our college library.

That we should be thus remembered by one not directly connected with the college nor claiming a place in the ranks of the medical profession is the more worthy of note and of our sincere thanks. A wise use of the means intrusted to us is the compensation which we hope to return to all those who kindly remember us.

OUR college library seems to be an assured success, now that the Hahnemannian Society has taken the matter in hand. Books and contributions begin to come in; and if the work so bravely started is pushed with zeal, we shall soon have a collection of books, invaluable to the students, and the pride of the college.

Do n't hesitate about sending books, fearing that others may duplicate them.

Duplicates of text books will be of especial value. Publishers and authors can get no *cheaper* nor *better* advertising than by sending copies of their publications to the Hahnemannian Library of the New York Homœopathic Medical College.

A PRETTY fair work on homœopathic therapeutics must be Dr. Lauder Brunton's late work on "Therapeutics and Pharmacology." Dr. Pope, of England, claims that sixty per cent. of the therapeutic hints con-

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tained in this work are derived from the results of homœopathic experience. We have not seen the work, but conclude that the public are to be congratulated upon the introduction into the "old school" of successful methods.

Hypertrophic Elongation of the Cervix and Prolapsus in the Same Individual.

PROF. WM. O. MCDONALD, M.D.

GENTLEMEN—The patient upon the table is a woman fifty years old who has had two children, eight and six years of age respectively, no miscarriages, and who has passed through the menopause, the menstrual function having ceased one year ago.

What I wish you to observe specially is, that there is a tumor protruding from the vulvar fissure, and that at the lower end of this mass a trumpet-shaped aperture is evident.

Now, as I do not wish to detain the woman, I will let her depart, and then will give you more of the items in regard to her case.

The lower end of the mass is four inches below the meatus urinarius. Upon passing a soft bougie through the urethra into the bladder, I find that the bladder extends to within three-fourths of an inch of the os tincae.

When a probe was passed into the cervical canal, it went in five and a quarter inches before it reached the fundus. A rigid sound went the same distance into the canal; and upon making traction in the cervix with a pair of hooks, it was seen that the parts were not extensible, as the sound was not sunk any further.

The mass could be reduced very readily, and putting the patient in the lithotomy position, this was done, and the sound again passed.

Now it was found that the depth of the canal had decreased to four and a half inches.

Before the reduction took place no vaginal canal could be obtained by the finger; the vagina was completely inverted, and it constituted the covering of the mass.

Before reduction there was no trace of the body of the uterus in the pelvis. After reduction the body could be felt by the finger in the vagina, lying in the axis of the inlet on the anterior vaginal wall, and it appeared to be normal in size and density.

The finger in the rectum showed that there was no change in the location of any part of this organ; rectocele was absent.

The use of the soft bougie referred to demonstrated that the bladder lay entirely beneath the anterior vaginal wall and below the meatus urinarius, when the tumor was down.

What have we, then, in this case? First, a tumor projecting from the vagina; now such tumor may be due to any one of a great many conditions:

To inversion of the uterus; to tumor of uterine, cervical or vaginal origin.

These can all be set aside readily, for we have here the os tincae, the entrance to the cervical canal, at the lowest part.

Such a tumor may be due to either prolapse of the uterus or to elongation of the cervix. In many of the text books these are referred to as being somewhat analogous affections, but in my opinion they should be sharply separated from each other as a matter of diagnosis. Essentially they are very different. In prolapsus the whole uterus occupies permanently a location which is two, three, four, five or even six inches lower than is normal. In elongation of the cervix, the cervix goes down from two to three inches, but the fundus remains at its proper level and in its normal relations to the roof of the pelvis; prolapsus depends in a relaxation of the pelvis roof, and, as it is well put by Hart and Barbour, prolapsus consists in a hernia. Elongation of the cervix depends on a relaxed condition of the cervix and at times, according to Emmet, of the body of the uterus also, but the roof of the pelvis is not effected, and there is nothing that can fairly be likened to a hernial protrusion.

Dr. Macy sent this woman to me as a case of prolapsus. I was inclined to think it was one of elongation, neither of us having examined her exhaustively.

In order to determine the existence of pro-

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lapsus, you must find that the organ as a whole, both ends of it are permanently lower than is normal.

The position of the cervical extremity is plain enough in any case and we ascertain the location of the fundal end by the use of the probe; with this instrument we got a depth of five and a quarter inches; this was verified by the sound. Traction being made in the cervix, with the sound in position, showed that it was not one of those extensible organs referred to by Emmet, which can be drawn out to six, seven, eight or more inches. But a depth of five and a quarter inches, when the os tincae is four inches below the meatus urinarius, will not bring the fundus up to anything like its proper level in the pelvis.

Consequently we are obliged to recognize the fact, that while we have an organ that is two and three-quarter inches too long, it has also a fundus that is much below its proper level; in other words, we have an elongation as well as a prolapsus, or better perhaps, a prolapsed and elongated uterus.

Perhaps some one will say this is a case of prolapsus originally, and the greater depth of the canal is due to a hypertrophy, the result of the displacement. In answer to this, such increase of bulk as results from prolapsus is general and symmetrical, affecting all parts and increasing all the diameters, and the depth of the canal very rarely goes much above three inches. Also by the digital examination I found that the body of the uterus did not vary much from the normal. So that it appears that such increase as does exist concerns almost solely the long diameter.

What else have we ascertained?

You saw that the os tincae was trumpet-shaped, deeper, that it presented a transverse slit. I could by the use of a couple of hooks roll in a lot of what seemed like vaginal surfaces to form what was evidently a cervix split in the transverse diameter to the vaginal junction.

Then we saw that the vagina was inverted and that it covered the mass.

The cervix, having reference to elongation, has been divided into three parts, the vaginal or the portion below the attachment to the anterior vaginal wall, the supra-vaginal or the portion above the attachment to the posterior vaginal wall, and the median or that which lies between.

Elongation of the vaginal portion disturbs nothing else.

Elongation of the median portion will bring the bladder with it, as well as the anterior vaginal wall.

Elongation of the supra-vaginal portion will bring the bladder and both of the vaginal walls, and also, though it cannot safely be demonstrated in the living, the cul-de-sac of Douglass.

The French refer to what they call the "suspensory ring of Aran"; it may be defined as being the connective tissue surrounding and continuous with that part of the cervix which is to be found below the peritoneum and above the vagina.

You will perhaps observe that this does not vary greatly from what I have told you the Germans speak of as the "parametran tissue."

The French hold that in elongation the parts of the cervix not in the grasp of Aran's ring are the portions that become stretched. Emmet, on the other hand, holds that in some cases the stretching process affects the body as well. In our case, then, we have first a prolapsed uterus; then we have elongation of the organ from a depth of canal of two and a half inches to four and a half inches when reduced, to five and a quarter when prolapsed. We have also a lacerated and everted cervix, an inverted vagina, a cystocele, a descent of the cul-de-sac of Douglass, or, to be more comprehensive, a hernia of the roof of the pelvis and of the intestinal organs superimposed.

It will be somewhat interesting to speculate a little as to the mode of production of all these lesions. Primarily this woman's condition could hardly arise except as a sequence of childbirth. Given a lacerated cervix, the rent going to the vaginal junction and the state of subinvolution that coincides, and it will in my opinion be easy to account for everything but the elongation.

The split cervix loosens the hold of the roof

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of the pelvis on the cervix. The increase of weight which belongs to subinvolution will favor a departure from the normal position. Once that the departure is made in a backward direction there will be but very little tendency on the part of the uterus to return to its former relations; retroversion is a result. Once that the retroversion is permanent, adhesion being absent, the inevitable drift, with a person who stands or walks much, is towards descent. And the descending uterus takes with it the vagina, the bladder and the cul-de-sac.

But in this case I am of the opinion that the elongation preceded the descent, but as to what caused the elongation I must own that I am astray.

The subject of elongation of the cervix has been referred to by many authors, and curious discrepancies occur. The actual existence of the aberration has been denied by one; by another all cases with cervix external are held to be elongation pure and simple.

The affection is generally spoken of as hypertrophic, and this peculiarity is denied an existence by a few. In fact, Klob, Emmet and others refer to it as being the result of atrophic action.

I am convinced that there is a great deal still unknown about the affection, speaking of it in a wide sense.

Elongation of the vaginal portion, generally occurring in those who have not borne children, I have seen.

One of the first cases noted by us in the dispensary was one in which, to use the words of the attending physician, a Cutter's pessary did not retain a prolapsed uterus. He had applied this instrument in a case where the elongation affected the median part of the cervix. The pessary kept the posterior cul-de-sac of the vagina in its relative position perfectly, but the cervix went to the vaginal aperture all the same.

As to treatment, what can we do here?

Most of the text books refer to amputation as the remedy for elongation. And it was not until both bladder and cul-de-sac had been repeatedly opened that the process was even modified.

Hugnier advises and practices what he calls a conical amputation, the base of the cone being at the lower end of the cervix. Others cut off the redundant lips. All these are dangerous alike in my opinion.

Our case is one of hypertrophic elongation of the supra-vaginal cervix, and I am not able to offer any suggestion as to the method of cure for this hypertrophy.

Consequently I will make no direct attack upon that part of our patient's deformity.

Now, gentlemen, after the lapse of some weeks I return to this case and I have to report that I have performed two operations for her relief. The torn cervix has been repaired by the denudation and approximation of wide surfaces on what were formerly the anterior and posterior cervical lips. The sutures used were silkworm gut. Then at the same session I also denuded and sutured surfaces of some one inch wide by perhaps two and a half long on the anterior and posterior vaginal walls, the raw surface on the anterior vaginal wall being applied to the raw surface on the posterior wall, and secured by sutures of whale sinew.

These procedures were done over a week ago, and on inspection I find that at its lower part union of the vaginal walls appears to be perfect. I omitted to mention that the condition of the approximated surfaces higher up in the canal cannot be ascertained for some little time yet on account of the frailness of the adhesions.

The result of this vaginal operation is, of course, linear union of the vaginal walls with a passage left on each side, a sort of an artificial double vagina.

As an additional security I propose to diminish the vaginal aperture from within.

This linear agglutination of the vaginal walls was first projected, performed and published by Gegenbauer of St. Petersburgh.

Later, a proceeding almost exactly similar in all its details was invented by La Foil of France.

But clearly enough, if any man's name is to be applied to it, Gegenbauer is entitled to the distinction.

Is it needful for me to say that Gegenbauer's operation is not to be practiced in any case

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where the individual expects to make use of her vagina?

The result of the operation on the function of copulation should always be clearly explained to the patient beforehand.

You will recall that I explored the bladder with a soft bougie. No rigid instrument could possibly give me the information obtained by the use of this soft one; the rigid tool cannot accommodate itself to the soft parts, and no matter what its angle may be no stiff sound could have been used in this case which would not have deformed the relations of the parts in which I was interested, whereas the soft bougie passed in far, rolled itself up and one loop of it settled down into the lower part of the bladder and gave a very definite and satisfactory definition of its extent and location.

But the end of this case is not yet, and I propose to keep you informed as to the late results. That which I have attempted to do is to cure the injury to the cervix, but mainly to cure the prolapsus. The elongation I have not attacked, and we have here, as far as we know, a uterus tucked up in the pelvis, with a depth of canal of four and a half inches.

Thus far, to my knowledge, no efficient remedy has been proposed or practiced for hypertrophic elongation of the supra-vaginal part of the cervix.

Amputation I reject. It would be almost as appropriate to excise the vaginal walls as it would be to cut off cervical tissues.

I have an impression that the tear of the cervix preceded the elongation, and that the two stand in the relation of cause and effect. And if the repair of this tear does not remedy it, I am in want of a remedy for it.

Echoes from the Class-room.

A PREPARATION from an *infusion* of the *leaves* of *digitalis* will benefit in albuminuria where the tinctures or attenuations have failed.

A successful result is claimed in a case of menorrhagia in which the flow occurred at 4 P. M. in profuse gushes, Lycopodium being prescribed on the basis of its time of aggravation, although the drug possesses no symptoms of note in this region. One dose a day was prescribed.

In *acute laryngitis* with history of violent cold, much infiltration, loss of voice, cough with no sound, Gum Benzoin is a frequent prescription with me.

Kali bichrom is suitable for many conditions of the eye *without photophobia*. The inflammations of the eye in which this drug is indicated are *severe in appearance*, but there is a *sluggish, torpid* condition.

This form of potash is most similar to the action of the syphilitic poison in respect to ulcerations, and when indicated in syphilis acts more deeply and thoroughly than Kali iod.

I have not much confidence in the "florid complexion" indication for Kali bichrom.

This remedy has been too much used in *diphtheria*. Its ulcerations are too deep, and it is not similar to the blood dyscrasia.

T. F. ALLEN.

American Society of Rational Practitioners.

THIRTEENTH ANNUAL SESSION, HELD NOVEMBER, 1886.

SECOND DAY—MORNING SESSION.

REPORTED BY WILLIAM OSBURY, M.D.

DR. G. DOLINGS-WEEDLE reported three cases, which had occurred in his practice during the past twelve months, to illustrate the value of counter-irritation. He thought that the members of the medical profession to-day, in giving so much attention to the hunting of microbes and such new practices, were liable to forget or ignore certain methods which were sanctioned by time as useful and indispensable. It was a truth not to be hidden that sometimes patients were carelessly handled while the physician in whom they had placed confidence had his head full of brilliant theories and investigations.

Counter-irritation was one of the good old things which were altogether too much neg-

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lected at this day. There was no reason why this peculiar form of treatment should fail to give the relief it did at an earlier date in the history of medicine, except the bad reason that our present generation of physicians did not push it far enough to get proper effects. The trouble was with the doctors, not with the measure.

CASE 1.—A young man of good general health was taken with a neuralgia one night in bed. The pain began in the second toe of the left foot and before morning it was so intense that the doctor was called in. He found the young man in violent agitation and demanding instant relief. The friends of the patient had placed the foot in hot water and tried various other means to quiet him, all of which had no effect except to aggravate matters.

On examination nothing was to be seen which could indicate disease. There was no swelling nor bruise nor appearance of inflammation. The patient had received no injury that he could recollect. Yet the agony was acute from the toe up beyond the knee. Indeed, it was hard to place a finger on any point of the left side which did not seem to be sensitive.

He immediately gave the patient a hypodermic injection of morphine (half a grain). But it had absolutely no effect in half an hour. If an electric battery had been within reach he should have used it; but not having one he decided to try other means.

An attendant was sent to procure a few sheets of rough sand-paper and one ounce of Croton oil. The clothing of the patient was removed from his back and he was turned over, so as to lie face down. The doctor then took the sand-paper and by strong and rapid rubbing succeeded in a short time in removing every particle of the epidermis from the whole width of the back, and from the upper borders of the trapezii to the lumbar region. Over this raw surface the Croton oil was then applied with a brush carefully and copiously.

The doctor would never forget what he then saw take place. He had seen cases of mania in which persons were violent and noisy, but never before nor since that night had he seen such an exhibition of frantic fury. No sooner had the Croton oil been laid on than the man began a succession of yells. Then he sprang on all fours, and in this position leaped up into the air some twenty or thirty times with incredible rapidity, always, however, descending into the bed on all fours. At length he got off the bed and flung himself about the room. Finally the doctor and others secured the patient and replaced him in bed, where he was held down by sheer force for twenty-four hours. At the end of this time injections of morphine were freely used until the patient obtained repose.

From the moment the Croton oil was used the neuralgia was gone, and it has never been felt since.

CASE 2 was a hysterical young woman who had cramps in the flexor muscles of the right arm and forearm. At first the muscular spasms were short, and only occurred at long intervals. Gradually the intervals became less and the duration of the contractions longer. There was terrible pain with each cramp from the first.

The doctor had known this lady for some years, during which time it had been necessary for him to treat her for hysteria four or five times. But the contractions of the muscles to which he referred had not come on in previous attacks.

For her relief he had tried rubbing, warm applications and electricity before resorting to counter-irritation, but had found these things of little service. He then had the following prescription put up for her:

℞

Tr. Aconit.
Tr. Belladon.
Tr. Verate Virid.
Tr. Ignat. Amar., ā.ā. ʒ ij.
Tr. Asafœtid, ʒ iij.
Tr. Opii.
Tr. Valerian.
Tr. Cannab. Ind.
Tr. Gelsemin, ā.ā. ʒ iv.
Tr. Hyoscyam.
Tr. Cinchon., ā.ā. ʒ vj.
Sodæ Bromid.
Potass. Bromid., ā.ā. ʒ j.

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Chloral Hydrat., ℥ ij.
Spir. Arom. Ammon., ℥ iv.
Syrup Simp., ℥ viij.
Aquæ, oj.

A tumblerful was taken every three hours.

This elegant preparation was one which the doctor recommended from repeated experiences as the best he had ever known to subdue pain and nervous excitement, especially in hysterical patients. But in the case of the young lady under consideration it had no effect whatever. The cramps continued and so did the pain for thirty hours and more after she began using it. Then the doctor determined to fall back on counter-irritation.

He used the sandpaper as in the former case over the right shoulder, under the axilla and over the biceps of the affected arm. The Croton oil was then put on and the patient held down in bed. Even under these circumstances the spasms continued, and the doctor thought proper to consult with another physician. He called in Professor Thos. F. Doodivil, who endorsed the treatment, and advised that counter-irritation be further applied over the patient's abdomen. This was accordingly done, and the previous medicine continued every two hours. In about eight hours after the abdominal application the doctor had the satisfaction to know that he had conquered the disease, for the spasms entirely relaxed, and the patient fell into a profound slumber.

Case 3.—This little patient was between three and four years of age. He was well nourished and apparently healthy, but for a year or more had been suffering from frequent attacks of earache. The parents being wealthy, had not only consulted the family physician, but had taken the child to more than one specialist.

The doctor first saw this boy when he had one of his worst attacks. Fomentations and many other applications were tried for two days, during which the patient became worse every hour. He had then tried leeches, of which thirty-one were placed over and around the mastoid process. There was slight temporary relief after the leeching, but within a few hours the pain returned, and was unbearable.

As a last resort counter-irritation was tried. The boy's head was shaved, and with the neck, thoroughly sand-papered. Instead of Croton oil, in this case, the doctor had procured a small bellows and blown pulverized Cayenne pepper all over the raw parts. As usual, the application had hardly been made before the original pain was quite forgotten and lost, the artificial pain, so to speak, demanding greater attention. The powdered pepper in this case was found to have a very fine effect and left nothing to be desired.

The child was compelled to stay in bed, lying on his side, and after the remedy had acted for a time, the same prescription given in Case 2 was administered, though in half the dose. Under the influence of the drugs the child slept peacefully.

It was too soon to speak of the result of this treatment in Case 3, as sufficient time had not elapsed to enable him to be positive.

Dr. Dolings-Weedle wished to impress the following points:

A. Counter-irritation was an excellent method of treatment in proper cases, and if carried far enough.

B. It may be used with the young as well as with adults.

C. The substances which produce the greatest and the quickest irritation were the best to use.

D. The use of sandpaper or something to act like it, as a preliminary, was an excellent proceeding; and for the introduction of the same he desired before the Society to claim priority.

An interesting discussion followed, and the Society adjourned till evening.

The report will be continued.

ACCORDING to *Good Health* experiments have shown that even so small a quantity of vinegar as one part in 5,000 appreciably diminishes the action of saliva upon starch. One part in 1,000 renders it very slow, and twice the latter quantity arrests it altogether.

The effect of combining vinegar with farinaceous foods is thus rendered obvious so far as the action of the saliva is concerned.

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Before and After Treatment.

"You know how it is yourselves."—JOB.

VERY ILL.

NAME, oh, doctor! name your fee!
Ask—I 'll pay whate'er it be!
Skill like yours I know comes high,
Only do not let me die!
Get me out of this and I
Cash will ante, instantly!

CONVALESCENT.

Cut, oh, doctor! cut that fee!
Cut, or not a dime from me!
I am not a millionaire,
But I 'll do whatever 's square,
Only make a bill that 's fair
And I 'll settle presently.

WELL.

Book, oh, doctor! book your fee!
Charge—I 'll pay it futurely,
When the crops all by are laid,
When every other bill is paid,
(Or when of death again afraid),
I 'll pay it—grudgingly.

—F. L. J., in St. Louis *Med. and Surg. Journal.*

Double Amputation of the Leg.

REPORTED BY WM. TOD HELMUTH, JR., '87.

J. R. applied for admission to the Hahnemann Hospital Nov. 29, 1886. He had received an injury to the right leg while playing ball; shortly after a tumor appeared on the outer side of the leg, midway between the head of the tibia and external malleolus. This swelling was smooth, elastic, and presented some indications of fluctuation, and was overlaid with enlarged superficial veins. The diagnosis was obscure, and Prof. Helmuth had made an exploratory incision to ascertain the nature of the disease. The knife, after having passed down half an inch, entered a cavity from which was scooped a considerable quantity of broken down granulation tissue, and what appeared to be laminated fibrin, such as is found in the circumference of large aneurisms. The diagnosis was still uncertain, and the wound was closed. High temperature, sweat, pain, diarrhœa, and rapid enlargement of the growth followed; and the boy presented such evident septicæmic symptoms that it was decided to amputate the leg at its upper third. In the presence of ten or a dozen members of the graduating class the leg was removed by the circular method. An Esmarch's bandage beginning at the toes was wrapped tightly around the leg until the tumor was reached, it was then loosely brought over the swelling and again made to tightly encircle the limb to a point above the popliteal space; then it was made fast in the usual way and the lower turns removed. The parts being sponged and irrigated with a solution of Cor. Sub. 1-1,000, and all antiseptic precautions being taken in regard to the instruments and room, the circular amputation was made, a small-sized, double-edged catlin being used. As soon as the bone was reached the retractor was placed around it, but in sawing through the shaft of the tibia it was found to be so much diseased that it was thought advisable to re-amputate or disarticulate the leg at the knee joint. The skin and muscle which had been dissected up to form the flaps of the first amputation were then simply slit to the condyles on each side, the knee flexed, and the ligamentum patella, followed by the capsular and crucial ligaments, divided. The arteries were caught, drawn out and tied with carbolized catgut, care being taken to separate the nerve from the anterior tibial artery, which lies in close proximity to it. Slight oozing followed the removal of the Esmarch, which soon ceased. The flaps were now drawn into apposition and made fast by button sutures; drainage tubes were placed in the wound and a second row of deep silk sutures were applied; the edges of the flaps were drawn into close apposition and held in place by a continuous suture running through the whole length of the wound. A dressing of Cor. Sub. gauze was applied, and over this a Cor. Sub. gauze bandage. On the third day after the operation a stain appeared on the dressing; it was removed, and it was found that the anterior flap had become gangrenous up to the button sutures, while the posterior remained in a perfectly healthy condition. The stitches were immediately cut out, the clamps

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removed, and the gangrenous portion of the flaps cut away with the scissors. The posterior flap, which had been made long, was brought up, and fortunately found sufficient to cover the condyles. The wound was again irrigated, its lips brought into position with strips of adhesive plaster, the whole stump sprinkled with iodoform and covered with antiseptic gauze. From this period the case progressed favorably, the temp. and pulse decreased, the appetite returned and the boy was sent home Sunday, December 5th. Unfortunately, however, a secondary growth is now appearing on the seventh rib. Upon an examination of the amputated leg by Dr. F. S. Fulton, the disease was found to be a round celled sarcoma, having its primary origin in the shaft of the fibula.

Editors CHIRONIAN:

THE incident of which I shall write occurred a short time since and is as ridiculous as it is amusing.

I think I am the first physician to report anything of this sort.

I was attending a case of typhoid pneumonia, and as the patient was not progressing to the satisfaction of her Hibernian relatives, an old-school physician was called in my place.

The patient died, and the allopath, who is regarded here as the sole epitome and fountain head of medical learning, in the wisdom of mind and generosity of heart to our school, made out the certificate as the cause of death "*a cource of homœopathic medicine.*"

Our worthy village undertaker, as he read the certificate, doubtless scratched his head in perplexity, and seeing the word "*homœopathic*" upon the paper before him referred the matter to me for solution, I being the only homœopath in the village and his family physician.

I assured him that what he read was no new nor dread disease, neither contagious nor infectious, but simply a specimen of rustic wit (?) indulged in by my colleague of the opposite school.

You have all heard, many, many times, of the hundreds of children who have swallowed whole cases of homœopathic pills at a single sitting, with no injury at all to them; and also of the rooster who daily used to gobble up a neighboring homœopathic doctor's pills as he laid them behind his house to dry; but a strong, able-bodied woman dying from "*a cource of homœopathic medicine,*" as the street arabs would say, *takes the biscuit.*

Truly, "consistency, thou art a jewel."

My old-school friend admits that homœopathic medicine has the power to *kill* (?), and I sincerely trust he may yet acknowledge that this same homœopathic medicine, which he so thoroughly despises, has the power to *cure* as well as *kill* (?)

As it is, we have made quite a jump.

First, it was that a child could swallow barrels of homœopathic pills with impunity; now, a few doses of homœopathic medicine can kill a strong, able-bodied woman.

We must rest content. Fortune's wheel must revolve. There is only one thing left for our old-school brethren to say, which they will eventually *have* to say, gulping it down as a bitter pill—*homœopathy cures!*

AN '85 EX-EDITOR.

ACCORDING to M. Lafarge, of Paris, the active principle of cod liver oil (Morrhnol.) constitutes from 1½ to 6 per cent. of the oil.

It is said also to contain twelve times as much iodine, bromine and phosphorus as the original oil.

There are those who believe the beneficial effect of cod liver oil to be due mainly to the iodine, bromine and phosphorus which it contains.

YES, the tradition of college is good-fellowship, but good-fellowship in an intellectual air and amid scholarly associates.

To cherish it is to remember not only that you are a member of that fraternity, that you wear its blue or red ribbon, its collar or cross, its star or garter, but that it lays an obligation upon you—an obligation of honor not to be shaken off.

GEORGE WILLIAM CURTIS.

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Ptomaines.

THE ptomaine question is assuming importance. Ptomaines are cadaveric alkaloids—the results of putrefaction—and fish and meat poisonings are common, especially among users of canned goods. The food may be perfectly good when the can is opened, but after a can is opened a ptomaine may develop in a short time and render the food poisonous. These alkaloids were discovered by Armand Gautier in 1870, and also by Selmi, just after, and are treated of in Dr. Clifford Mitchell's new book, "The Physician's Chemistry." Gautier lately claimed that these bodies are constantly being formed in life, and that their non-elimination, or non-oxidation, is the cause of many diseases—thus opening up a new pathology, as well as dealing the so-called germ theory the severest blow it has yet received. Gautier's remarkable communication regarding ptomaines and leucomaines, made January 12, 1886, to the French Academy of Medicine (see "Archives Generales des Medicine, No. 2, 1886), takes the ground that these by-products of normal vital action came through a putrefactive rather than combustive process, and says: "There would be a continual auto-infection from them if the skin, kidneys, bowels, and lungs did not act freely, and if the oxygen of the blood, which is their great enemy, were not continually supplied to the tissues." (This matter formed the subject of an editorial in the New York "Medical Record," April 8, 1886, p. 392.) In July, 1884, I advanced the idea that many cases of peritonitis, septicæmia, puerperal fever, and analogous troubles were caused by ptomaines. (Indianapolis *News*, July 14, 1884.) The fatal tyrotoxicon from cheese, milk, picnic ice-cream, is first cousin and is being watched.—*Med. Current.*

WELL ACQUAINTED.—Boarder (just entered): Why, hello Oscar, thought I heard you talking to some one as I came in.

Oscar: So I was talking; just saying "Good morning" to these fish balls; had the same ones every morning for a week.—*Tid-Bits.*

Societies.

THIRTY-SECOND regular and fourth annual meeting of the New York Society for Medico-Scientific Investigation, 201 East Twenty-third street. Meeting called to order with Vice-President in the chair.

Drs. C. T. Ring and J. L. Daniels were nominated for active membership, and Dr. S. H. Knight was elected active member.

The election of officers resulted as follows:

President, Dr. W. Y. Cowl.
Vice-President, Dr. W. E. Rounds.
Secretary, Dr. M. Leal.
Treasurer, Dr. C. S. Macy.

Executive Committee.

Dr. A. B. Norton, Chairman.
Dr. C. W. Cornell and Dr. T. O. Williams.

Librarian, Dr. A. W. Palmer.
Curator, Dr. W. H. King.

Librarian, Treasurer and Secretary reported.

After this, Dr. Martin Deschere read a paper on Enuresis, followed with discussions by Drs. McBride, Rounds, Shelton, Boyle, Palmer, Warner, Macy, King, Cornell and Sear.

Dr. Norton moved a vote of thanks to Dr. Deschere for his paper.

Dr. Palmer then read the history of a case and presented the heart, which showed a persistent foramen ovale. The discussion was entered into by Drs. Blackman, Howard and Cornell.

THE regular December meeting of the Hahnemannian Society was held at the usual place on Wednesday evening, December 10th.

Meeting was called to order at eight P. M., President Watts in the chair.

Several new members were admitted, after which the minutes of the last meeting were read and approved.

Then followed:

Song by the Quartette.

Debate. "*Resolved*, That for the general practioner high potencies are more efficacious than the low." Wiggins, '88, affirmative; McGeary, '88, negative.

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After the principal disputants had spoken, the question was quite generally discussed by many of the gentlemen present, but no decision arrived at.

Banjo selections by R. Jenkins,'87.

Recitation by. J. I. Kastendeik.

Song by the Quartette.

The President then read a letter from W. T. Helmuth, Jr., resigning the office of Secretary of the Society. After some discussion a motion to accept the resignation with regrets was carried.

The Society proceeded to ballot for a new Secretary. Out of the sixty-four votes cast, C. A. Ward, '87, received fifty-seven and was declared elected.

The classes then proceeded to elect quiz masters for the ensuing month with the following result: Senior Class quiz masters reëlected in a body. Junior and Middle Class quiz masters were reëlected in a body, except Wilcox in chemistry, whose place was supplied by Harde.

W. W. Johnson, '87, chairman of the Library Committee, read and recommended the adoption of the following resolutions:

Resolved, That the library be a college library, but under the control of the Hahnemannian Society.

That the members of the Hahnemannian Society have the use of the library free, and that students of the college be entitled to the same privileges by paying fifty cents a year.

That the library be for reference only; no books to be taken from the building.

A motion to adopt the resolutions as read was carried.

A vote of thanks was tendered Mr. Paul Allen, '89, for his very efficient work on the library committee, and a copy of the motion ordered to be handed to Mr. Allen.

The motion, "That each student pay to the society the sum of fifty cents a year as fees, and that all money above the sum of fifty cents received from each student go to the library fund," being an amendment to the constitution, was laid on the table for consideration at the next meeting.

A vote of thanks was tendered the gentlemen who took part in carrying out the evening's programme.

The committee on Prof. Helmuth's Sunday lecture reported that Prof. Helmuth would deliver a Sunday lecture to the students some time during the winter.

The committee was discharged with the thanks of the society.

The treasurer's report was then read and accepted.

A motion was made that Messrs. Jacobus, Baker and Tuttle act as solicitors to the library fund from their respective class, which was carried.

Then followed the informal reading of the minutes, roll call, song by the Glee Club and adjournment.

WM. H. VAN DENBURG,
Secretary pro tem.

AT the last meeting of the New York County Homœopathic Medical Society the following officers were elected for the ensuing year:

President, CLARENCE E. BEEBE.
Vice-President, F. H. BOYNTON.
Secretary, A. B. NORTON.
Treasurer, S. H. VEHSLAGE.
Librarian, CHARLES MCDOWELL.

Censors.

MALCOLM LEAL, GEO. M. DILLOW,
F. E. DOUGHTY, H. M. DEARBORN.
S. F. WILCOX,

IT is said that Phosphorus-necrosis of the lower jaw is becoming quite common in England in consequence of the popular self prescription of phosphorus as a brain renovator.

DISTILLED water strongly charged with pure oxygen is the now "popular and mildly exhilarating" beverage in the principal hotels and restaurants of Paris—at the suggestion of Dr. Du Jardin-Beaumetz. We would be very thankful if some good doctor would introduce into American hotels and society generally some good beverage which "cheers but does not inebriate."

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Ovariotomy.

REPORTED BY C. A. WARD, '87.

THOSE students who were fortunate enough, through the courtesy of Prof. Doughty, to be present at the Hahnemannian Hospital Dec. 4th, witnessed an operation which they will not soon forget. It was for the removal of a large ovarian tumor. The operation was replete with useful and practical knowledge, Prof. D. being willing and glad to answer any and all questions propounded by the students. He explained each and every step and gave the reasons. Such information teaches a student that which will be useful to him in after life, for it is so impressed upon and explained to him, that, should he be called upon to perform a similar operation, he will look back to this as one from which he received invaluable knowledge. It is by such means that a professor shows himself to be a true teacher in the fullest sense of the word.

Prof. D. was ably assisted by Drs. F. S. Fulton and P. R. Watts. Dr. Fulton was very courteous and evidently has not forgotten that he was once a student.

The patient, Miss Christina J.——, *æt.* 26 years. Native, Sweden. Had always enjoyed good health until last March, when, with no assignable cause, her menses ceased, but the pain which accompanied the periods returned at the accustomed time. With the cessation of the flow the abdomen began to enlarge uniformly, until it reached quite a size. From this time until the operation there was considerable pain in the uterine and abdominal regions, especially in the right hypochondrium.

She was put under treatment for a month, and at her accustomed menstrual epoch had a slight flow. The abdominal enlargement then disappearing, she detected, for the first time, a tumor the size of an orange in her left (?) side. This tumor continued to grow, until by September it occupied the entire abdominal cavity. Prof. Doughty first saw her in November and diagnosed ovarian growth, which diagnosis was subsequently confirmed by Prof. Dillow, he having made a microscopical examination of some of the fluid withdrawn by means of a hypodermic syringe. After she was anæsthetized, Prof. D. made an examination *per vaginam*, and found the uterus greatly anteverted and its cavity measuring three inches. The abdomen was then carefully cleansed, shaved, and ether and iodoform poured over and rubbed in thoroughly. The parietes of the abdomen were cut through, the bleeding points secured and ligated with catgut; the tumor then came into view, was tapped and ten quarts of fluid withdrawn. The tumor was multiple-cystic. Some of the cysts contained scrum, some had a colloid substance within their walls, and others held a semi-purulent fluid and a cheesy substance. The latter cysts had a vascular papillary growth. The tumor complete weighed twenty-five pounds; it had its origin in right ovary and embraced the fallopian tube and broad ligament of that side. It was adherent to the anterior abdominal and the pelvic walls, also to the uterus and rectum. These adhesions were young and quite vascular, except at a point in the right hypochondrium, where one of the sacs was ruptured in trying to break down the adhesions.

After breaking down the adhesions with a sound, the tumor was turned out and the pedicle, being tied with Staffordshire knot, was cut and cauterized. The abdominal cavity was thoroughly dried, and the wound closed by silver-wire and catgut sutures; dressings were then applied and the patient gotten to bed as quickly as possible; hot bottles were placed around her, for she had suffered severely from shock, which necessitated hypodermic injections of brandy while on the table. Most thorough antiseptic precautions were used throughout. At twelve o'clock that night her temperature was 101⅘°, pulse, 100. Sunday, temperature 100°, pulse 94. Monday (the 3d day), temperature was 99½°, pulse 86.

From this time her temperature was normal, and not an untoward symptom arose. On the eighth day the dressings and sutures were removed, and the wound had perfectly healed by first intention.

She received a few doses of Hypericum, and on the fourth day an enema to move the bowels.

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Cases from Practice.

CASE 1.—Miss ——, aged forty; suffering from rheumatic pains in hips and back; worse at night; very restless and cannot sleep on account of the pains; must keep changing position. Is very stiff in the morning; but both the stiffness and pains wear off somewhat during the day. Prescribed Rhus 2x. She took the medicine but once and has never felt a pain since. Morphine would have stopped the pain, probably, for the night or a part of it, and after suffering nausea, etc., next day would have had a return of the pain, restlessness and sleeplessness the next night. Rhus relieved the pain just as quickly as the morphine *could* have done, and not only *relieved* the pain, but cured the case, and that permanently.

CASE 2.—A laboring man had a pain in the side just above the hips and in the back, lumbar region. Had been strained years before, and his work being that of constant lifting, he was constantly lame. Symptoms were worse in the morning and somewhat relieved by constant motion. Had taken allopathic medicine, bathed and worn plasters for years. Prescribed Rhus 2x, to be taken one drop three times a day. He took the medicine about a week, and stopped because he was well. He has kept on with the same kind of work, but has had no return of the trouble, now four months.

CASE 3.—A lady recently confined had a constant lameness in the dorsal region. She could say nothing more about it than that when the baby nursed a pain would go straight from the nipple through to the corresponding scapula. Prescribed on this single symptom Crot. h. 2x on pills. The pain, backache and all bad feelings disappeared, and she "had not felt so well for a long time," and remains well. This case is peculiar on account of the drug doing so well, being prescribed on a single symptom.

CASE 4.—A lady pregnant four months suffered from intense cutting pains in the abdominal muscles, which were greatly aggravated by motion; had no other symptoms. Bry. 2x cured in one day. As the abdomen continued to expand and the pains came on again, Bry. 2x again relieved. This is a case where the allopath would probably try his morphine.

CASE 5.—A lady had not menstruated for two months, was constantly nauseated, especially after eating; constipated, with frequent ineffectual urging. Had sudden faint spells frequently. Had taken old-school drugs with only aggravation. Nux 3x relieved entirely. This was one month ago; no return of symptoms yet. Probably the baby by and by.

These cases were successes because the drug administered was homœopathic to the condition. They are not given because there is anything new, original or smart about them, but because they are verification of the old law: *similia, similibus curantur*—the law as old as nature itself, but first fully recognized by Hahnemann, and which is, of necessity, the watchword of every successful homœopath.

Failure, in curable cases (and every one has them more or less), is not from failure of the homœopathic law, but a lack of knowledge in applying it. A. J. WOODRUFF, M.D.

M. BERGEON, who has been experimenting in the use of rectal injections in the treatment of phthisis, believes that he has obtained beneficial results from the injection of sulphurous gas.

"A current of four to five litres of carbonic acid gas was passed through from half a pint to a pint of sulphurous water, which was then introduced into the intestines, the injections being given twice daily. His results, as claimed in a communication to the French Academy of Medicine, are as follows:

"(1.) After some days, a diminution, amounting almost to suppression, of the cough.

"(2.) A profound modification of the quantity and quality of the expectoration.

"(3.) A suppression of the sweating and a gradual disappearance of the moist rales.

"(4.) An improvement in the general condition, both in early stages and in confirmed phthisis."

We have seen the night sweats of phthisis well controlled by the presence in the room (near the bed) of a large vessel of water—a tub or large basin of water under the bed.

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Amaurosis from Tobacco.

DR. A. D. WILLIAMS reports (St. Louis *Medical Journal*) the case of a blacksmith, aged thirty-two, who complained of failure of vision to such an extent that he could no longer see to drive nails in shoeing, and was compelled to depend upon his sense of feeling. His health was good, he having no other complaint. Vision was found to be only one-sixth of what it should be. Things appeared to him to be covered with a dense mist. For many years he had been an excessive smoker, using the strongest tobacco to be had. According to Dr. Williams, tobacco amaurosis is quite common, but usually in men beyond middle life.

PROF. SMITH has often been disappointed in the use of Kali bichrom when prescribed for cases presenting the characteristic ropy expectoration but lacking the *thick yellow coating* at the base of the tongue.

College Notes.

HOW is Julia?

SHINE, white man?

WHAT did he die of, Professor?

Is a motion to adjourn always in order?

GENTLEMEN, I will now recapitulate——

MR. PRESIDENT, I rise to a point of order.

DID you ever hear about a mastoid process?

CHASE seems to be long on Gynæcology, but short on kidney.

SHALL the library be a circulating library, or one for reference only?

WHAT has become of "Martino"? We all miss his "leading questions."

THE question of high potency versus low potency is still warmly discussed.

MR. P. tells us there are two kinds of hemorrhages, viz.: Natural and Artificial.

PROFESSOR HELMUTH will deliver his Sunday lecture some time after the holidays.

PROF. BLACKMAN says that the pisiform bone is just about the size of a good, large pea.

THE dose of poison, viz., the examination in Toxicology, is postponed until after the holidays.

NINE lectures in Practice a week! Think of that, Middlemen, and be happy while you may.

DR. GEORGE S. NORTON is to be our lecturer on Ophthalmology for the remaining part of the year.

EVERY one was glad to see Prof. Moffat back again, and all were not sorry when he omitted the quiz.

HOYT AND ENGELHARDT, '89, are exercising fatherly care over new offsprings, namely, a boy and a girl.

IF you do n't know how to spell opisthotonos, ask Professor Shelton, and get him to draw the picture for you.

THEY say that Moriarty and Allen will graduate during the Christmas holidays if they can be examined.

JENKINS'S latest song, banjo accompaniment, "Empty is the Ut'rus, Baby 's Gone." Poor J. was one week too late.

L. S. BROWN, '79, of Plymouth, Penn., is here with several others to attend the alumni lecture by Professor R. Ludlam.

THE singing of the quartette at the last meeting of the Hahnemannian was much enjoyed by all. Dr. Kellogg is a decided acquisition.

WATTS AND FAY will probably stay in their present rooms until Christmas. They will commence paying board after they come back.

QUIZ MASTER: Of what is the Medulla Oblongata made up, Mr. S., will you tell us? Mr. S.: Cerebrum, cerebellum and pons varolii.

OUR genial business manager made a move the other day. He said there was a sick patient across the way, and that was the reason he was so quiet about it.

AH! my noble Senior, why this steady, unceased stalking through the halls; hath much learning made thee mad; or doth thou long for the rolling Texan prairie.

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THE Freshmen are being cheated of their Hygiene this year. They never will know where to send their consumptive patients, nor the adulterations of butter.

WHEN the professor spoke of the gastro-epiploica dextra artery, some of the Freshmen looked a little blank. Such things were never dreamed of in their philosophy.

THERE is something wrong with Sawyer. He looks haggard and worn, and he wears a hat—— well, words can't describe it; but there is something quaintly picturesque about it.

THE autopsy held by Professor White was highly interesting and instructive, especially the various tests to ascertain the fact of death. All the boys wanted to handle the knife.

WE are pleased to learn that Dr. Chester Mayer, a graduate of our college with the class of '81, has recently been appointed by the Governor of Kentucky as a member of the State Board of Health.

BY the death of Professor Liebold, the chair of Ophthalmology was left vacant, and is now filled by a distingushed specialist, who received much of his special training under the supervision of his predecessor.

WE wish the readers of THE CHIRONIAN and all members of the alumni would be more liberal and send material to fill the columns of our college paper. Also money is an important item to keep "the thing moving."

IT is with great pleasure we announce the marriage of Dr. W. D. Babcock, '85, to Miss M. Emma Buell, of East Hampton, Conn. The doctor and his bride have the hearty congratulations of his many friends.

THE last class that visited the Asylum at Middletown seems to have made a decided impression on some of the fair lunatics; but the *sane* maiden on the boat did n't impress so readily and some one "*got left.*"

SAT ON.

B.—(Very hilarious on entrance of Professor.)
Prof.: Sir, describe to me the fœtal placenta?
B.: You have floored me this time.
Prof.: That is what I expected to do.

WHISKERS.

THE hair and the whiskers which our boys try
to grow,
Is like a field in the country after the first fall
of snow,
To people at large, old men they would seem,
Oh! there's nothing like whiskers to cover the
green.

DR. GEO. S. NORTON, the successor of the late Professor Liebold, in his opening lecture December 15, paid an eloquent tribute to his former associate, teacher and friend.

If the opening lecture is a fair index of those which are to follow, we predict an interesting and profitable course. Prof. Norton's reception was a characteristic and hearty one.

AFTER the Christmas holidays a course of six lectures on Electricity and Electro-Medical Therapeutics will be delivered by Dr. J. T. O'Connor, formerly Professor of Chemistry and Toxicology in our college. The Professor, who is so well known as the Editor of the *Homœopathic Recorder*, is sure to do the subject of electricity ample justice, as he has made this branch of medical science a special study for more than ten years.

THE thanks of the medical students of the city are due to the Young Men's Christian Association for the pleasant entertainment afforded them on Friday evening, the 26th November.

Music, a gymnasium class drill, speeches and refreshments constituted the programme of the evening.

The tables in the parlors were spread with volumes of rare and elegantly illustrated works.

Upwards of three hundred aspirants for medical honors were present, and were delighted to learn that "Medicine is the divine art of letting a man alone," or, in other words, of "finding out the matter and letting the matter come out."

This seemed to us a much better way than that formerly employed, namely, of finding the man's life blood and letting that out.

The lofty mission of the medical man to

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"help and to heal" was dwelt upon by one of the speakers, and Dr. St. John Roosa considered the desirability of other qualifications than merely those of professional skill.

AMYL NITRITE is said to have proved effectual as an antidote in a case of opium poisoning. Two ounces of laudanum had been taken. The amyl nitrite was given by inhalation, belladonna having proved inefficacious.

THE sales of *The Century Magazine* have gone up over 30,000 copies in six weeks, since beginning the Life of Lincoln. A second edition of December will be issued on the 15th. A veteran New York publisher predicts that the permanent edition of the magazine will go beyond 300,000 before the completion of the Lincoln history. The January installment, which is said by the editors to be of most surpassing interest, occupies thirty pages of the magazine, and treats of Mr. Lincoln's settlement in Springfield; his practice of law in that city; the Harrison campaign; Lincoln's marriage; his friendship with the Speeds of Kentucky; the Shields duel; and the campaign of 1844. The illustrations are numerous, including portraits of Joshua Speed and wife, of Mrs. Lucy G. Speed, Milton Hay, President Harrison, General Shields, William A. Herndon (the law partner of Mr. Lincoln), and Mr. Lincoln himself, from the photograph presented by him to Mrs. Lucy G. Speed in 1861. Pictures are given of the house where Lincoln was married, also the house where he lived after his marriage, etc., etc.

Book Notices.

Key-Notes to the Materia Medica. By HENRY N. GUERNSEY, M.D. Hahnemann Publishing House, Phila.

THIS little work must commend itself at once to the student and busy practitioner. No student can afford to be without it, and the physician will gladly welcome such a small, compact work, in which the prominent and *reliable* symptoms of each drug can be so readily found.

It is well named "Key-Notes," for the characteristics of each remedy are not buried in a mass of vague or unreliable symptoms, nor yet has clear understanding been sacrificed to brevity.

In addition to the "key-notes" of 196 remedies, it contains a *Repertory* whose value is assured by the fact that it is the result of the experience and confirmation of Bönninghausen, Dunham, and Guernsey, in turn.

We congratulate the profession on the accession of another gem to an already rich literature, and predict its rapid sale.

The Physician's Visiting List for 1887. Philadelphia: P. Blakiston, Son & Co.

THIS is a remarkably well gotten up visiting list, both as to compactness and binding, as well as to the many valuable points of information which it contains. Some of its most noticeable and valuable features are a List of Poisons and Antidotes, Dose Tables, rewritten in accordance with the Sixth Revision of U. S. Pharmacopœia, Marshall Hall's Ready Method in Asphyxia, Lists of New Remedies and Sylvester's Method for Producing Artificial Respiration, with Illustrations. New and valuable additions are Disinfectants and Disinfecting, and Examination of Urine, prepared by Judson Daland, M.D., and based upon Prof. Tyson's "Hand-book for Practical Examination of Urine."

Taken altogether, it makes an excellent Visiting List.

Pamphlets Received.

"CAUSES of Failure in the Treatment of Urethral Strictures by Electrolysis." By Robert Newman, M.D. "The Surgery of the Pancreas as based upon Experiments and Clinical Researches." By N. Senn, M.D.

PRACTICE FOR SALE.

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THE CHIRONIAN.

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Subscriptions taken at the College. Single copies may be obtained in the "Students' Room."

All remittances by mail should be made to the Business Manager, at the College.

THE CHIRONIAN will be sent until ordered discontinued.

WE call the attention of our readers to a mistake in THE CHIRONIAN, No. 5. On page 77, in Case 3, the drug Crot. h. should be Crot. tig.

This error illustrates how careful we should be in using abbreviations, and perhaps it would be better to write the name of the the drug *in full*, although it would take more time and space. Accuracy should not be sacrificed to brevity.

VACATION is over. That oasis of plum pudding, turkey and social gatherings is a thing of the past—a memory.

We are now on the home stretch. Only three months more of good solid work and we hope to grasp that roll of parchment which we all consider most ample reward for the arduous duties of the college course.

But the diploma should not be our only aim. We are not here simply to prepare ourselves with facts that may carry us safely through the examinations next April. We are here to acquire knowledge that will enable us to allay suffering and save lives, and we can not conscientiously neglect the excellent opportunities we are now enjoying.

We hear a great many solid truths every day, and while we may not be able to grasp and retain them all, it should be our desire and effort to store up as many as possible for the time when we shall sorely need them.

OUR Library is booming. Hardly a day passes now but sees several books added to the growing pile. In our next issue we shall mention some of the donors and their valuable gifts.

The columns of THE CHIRONIAN are open to the Library Committee, and we shall assist them all we can in giving publicity to this most worthy effort of the Hahnemannian Society.

OF the many traditions and customs handed down to us from the dark ages of the history of medicine, few are more valuable, more potent for good, than the custom of writing a graduating thesis. Students are likely to ignore the mental discipline of thesis writing, and grumble.

It seems to be the natural inclination of students to grumble, and it is no proof that a custom is of no value because a class of students grumble about it.

Who can tell how much the progress of medicine owes to the custom of writing theses. Think of the number of pages of valuable material that are packed away each year in the college archives.

Who can gaze at those large, fat, green-covered books in our Library without a feeling of awe. The color of the covers is no index to the character of the writers. Some one has said that a man's character is revealed by his handwriting. If this be true, we should judge by the

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handwriting in these old theses that the students who have preceded us were a big-hearted, open-handed set of men.

A less philosophical person would probably say that the student had used a very coarse pen, and had spread the words over a large area of paper regardless of expense. On examining these old theses, we find that the latest and best authorities, at the time of writing, agree with the writers in every particular.

In fact, we were much surprised to find that many standard works contain descriptions of cases in the exact language of these writers. This fact simply proves our assertion that the progress of medicine owes much to thesis writing.

But we think it would be better taste for authors to use more quotation marks in their works, and thus, in a small way, recognize the much abused thesis.

Here and there in these big green books are records of provings, some short, others elaborate; and it is wonderful how these provings corroborate those made by the pioneers of homœopathy. It is a beautiful proof of the unerring accuracy of those old investigators, and clearly shows on what a sound basis we build our therapeutics.

It is to be regretted that so many write on the same subjects. There is a preponderance of Scarlet Fever, Typhoid and Diphtheria; but the students show great unanimity of thought on these subjects, which is a good proof that the pathology and treatment of these diseases are as good as mastered by the profession.

We could go on enumerating the value of theses by the hour, but we think a careful study of this article will conclusively prove to each and every student that the custom of thesis writing ought not to be abolished.

FROM the *Druggists' Circular* we copy the following method of detecting small quantities of albumin in the urine:

Professor Quinquand reports this test to the Society of Biology of Paris. It is claimed that the method will show the "*faintest trace*" of albumin, and, if reliable, it may prove of much service to our readers:

"It consists in filtering the urine, adding to it a few drops of Barreswill's solution and heating.

"If the slightest trace of albumin is present, a beautiful violet color appears. Barreswill's solution (devised as a test for sugar) is made as follows: Take 40 parts of crystalized carbonate of sodium, 50 parts of cream of tartar, and 40 parts of caustic potash, and dissolve them in 400 parts of water. Also mix (apart) 30 parts of sulphate of copper in 250 parts of water; add these two solutions together and filter them; then add filtered water enough to make a litre in all."

Post-Graduate Education.

Delivered before the Alumni Association of the New York Homœopathic Medical College, Thursday Evening, December 16, 1886, by Prof. R. Ludlam, M.D., of Chicago.

IF the possession of a diploma was a guarantee of perfection in the science and the art of medicine your Society would not have been organized and I should not have had the honor of addressing you to-night. The simple fact that we are here affords strong evidence that a practical professional education is a progressive affair, and that with each and all of us the college course needs to be changed for an unlimited term in the school of experience.

Much has been said and written of the higher education of medical students, but I am not aware that any teacher or author has developed the idea and insisted upon the higher education of physicians. With our State boards of examiners, with our medical societies of every grade, and with the people also the question concerning the doctor is always *has* he qualified, and not *is he qualifying* for the practice of his profession? Even where the improved methods have been most successfully applied our licensing bodies have looked into the advantages which the candidate had and improved before becoming a medical student and before his admission into the school, rather than to his diligence and his development after having taken its honors. What was done before matriculation, and how many hundred lectures

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have been heard or slept over in the college, are the cardinal questions. Scarcely a word is said of post-graduate training and improvement, and of the extension of habits of study and research into the after life of the physician. Nobody, I mean no responsible medical body, asks whether he knows enough to know that the traditions of the lecture-room often break down at the bedside, and that his having crammed for the degree is in no sense an equivalent for a sound and a liberal medical education.

The lack of early training and the superficial haste with which the undergraduate is forced into the medical ranks and adopted into the family account in large part for the low grade of professional attainment that is so common in our day. But it often happens that where the primary education of the pupil has been sufficient, and the college course has not been shortened, the fault lies in the fact that his application and study ended with the Commencement day.

The remedy for this unfortunate condition is not always to be found in the establishment of a high grade of preliminary acquirement, or in a more thorough entrance examination; neither in a multiplication of the branches that are taught, nor yet in a mere lengthening of the term of college instruction. What is needed is an increased ratio of well-read physicians, a larger share of earnest workers and of diligent alumni who will not be content with the mere possession of sheepskins and goatskins, no matter whose indorsement they carry, or what rights they confer.

All honor to a well-earned degree, for the day has passed in which ignorance and prejudice and barbarism were considered as special endowments for the practice of the Healing Art. And all honor to the glorious band of teachers who, in so many cases, have literally toiled "without money and without price" for the upbuilding of our educational interests. But the school and the hospital, the lecture and the quiz, the demonstration and the clinic, which are so many stepping-stones to the threshold of a medical career, must be supplemented by continued and persistent post-graduate study and application, or we shall retrograde more and more as time runs on.

My present purpose is to indicate some of the ways and means which I believe will surely elevate the standard of professional attainment and magnify the office of the physician. If the study of Latin and logic and the higher mathematics, the possession of a classical education to begin with, and the survival from a long-drawn course of training in the college and the laboratory have failed of an adequate result, let us try another remedy. My prescription for the case in point will include a few old-fashioned resources, and one or two new ones, which are not yet in vogue, as they should be, and doubtless will be in the near future.

1. *Of a systematic plan of reading and writing on medical topics.*—Without croaking over the degeneracy of the times upon which we have fallen, it will be conceded, I think, that the average doctor of our day is not so fond of his library as his father or his grandfather may have been. He has more books at hand for consultation and reference, but he is less familiar with their contents. His hours for careful reading are few and far between. He has ten or perhaps twenty medical journals where his preceptor had one, but, in a sort of vicarious way, the editor, good, bad or indifferent, does his reading and his thinking for him. He runs over his periodicals as most people read their newspapers, in the place of, and to the exclusion of, the best authors. Indeed, in the nigger-at-the-bell-pull way in which he lives, he is supposed to have no time for anything better. The consequence is that the well-read physician whom we knew when we were boys is not always present and ready to participate in the deliberations of our medical societies.

Now a good book is a silent partner in the business, whose rights and resources we are bound to respect and to utilize. Each volume is the mouthpiece of its author, and a library that is filled with the best books brings so many able consultants within easy reach. This is the way that we country doctors in the far West find it possible to confer with the distinguished Faculty of your *Alma Mater*. We look to their writings

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for the information and the advice that would not otherwise be available, and are glad of their help, even although it must be at second-hand.

And what is true in this regard of the post-graduate influence of Helmuth and Allen and Dowling and their colleagues, whom you had the good fortune to hear and to follow in the "tedious time of your adolescence," is equally true of a host of writers in the different medical schools of our own and of other lands. The text-books which were the swaddling clothes of our medical infancy have been laid aside for something better and more suitable to our present needs and status. Once we were surfeited with them and with the everlasting drudgery of trying to master their contents; but now there is "metal more attractive." Instead of recitations we are devoted to research. We have exchanged the dreary round of lecture-going for the daily and hourly demand upon our skill and our sympathy. And, if we have grown in the right direction, we surely have developed a fondness and an appreciation for a more advanced and comprehensive literature.

For two reasons I apprehend that the medical publications of the present day are more satisfactory and helpful than they ever were before. The first of these is the multiplication of encyclopædias, which really consist of collected monographs by special authors upon special topics. Every earnest English-speaking physician is pleased that we now have such works as have long been familiar to our French and German *confrères*. The second of these reasons is the grateful decrease and decay of those controversial writings which once were injected into the most serious themes, and which distracted the mind of the reader without any practical compensation.

That a full and complete digest of medical learning is within the reach of every alumnus, and that the fierce competition of the different schools of medical practice is fading away are promising conditions for the future of our beloved profession. The logical relation of these two factors of genuine progress is a subject for serious study by the members of your Society. For it especially concerns those graduates who have outgrown the college curriculum, and who, like yourselves, are banded together for a common and a most exalted purpose.

It is not unreasonable to predict that a constant reference to this kind of literature, which is condensed, correct, available, and purged of extraneous and offensive matter, will tend to develop the exact scientific quality which is indispensable to the thorough physician.

2. *Of professional intercourse and correspondence.*—But the scheme of a progressive medical training must include the social as well as the scientific idea, the life as well as the literature of our guild. For, like other mortals, the diligent physician needs fellowship and brotherly contact or he will fail of a decided success. Professional intercourse is indispensable. Without it men grow selfish and narrow, sour and sectarian, skeptical and short-sighted. To realize that our individual experience is not the limit of the curative possibilities will put us in the mood of mixing with our neighbors for our mutual profit.

Nothing so sterilizes our faculties as distance and separatism. A profound writer has truly said "the mania for isolation is the plague of the human throng, and to be strong we must march together." The doctor who is a perpetual stranger among his brethren, who always stays at home from the meetings of the medical societies, and who never contributes to the common fund of experience, cannot be in a fit condition to assimilate the practical knowledge that lies about him, and of which he might and should become possessed. So that the prophylactic of this form of mental dyspepsia is to keep step with the procession.

This social idea has been projected into your present organization. Its spirit was entailed upon you from your college life. Of all that you remember concerning those early days the incidental social experience, and not the scientific pursuit, is the more pleasant and grateful. Nor is this all; for a large share of what you then learned is inextricably associated with the conduct and *camaraderie* of the members of your particular class—how this fellow behaved or

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misbehaved in the lectures or the clinics; how that one took notes, or answered in the quiz; how one was a thirsty sponge and another a leaky spigot; how the big chap from up the creek thought himself a fore-ordained specialist, and the dapper little fellow from "nowhere in particular" raved about the high "delusions!"

No matter what they have accomplished since those early days the actors in that little drama are easily recalled, and, but for their individual peculiarities and what they have brought you by association, that period of your life might as well be written in parentheses.

Fancy a medical class that consists of a single student who is forced to study and to "flock all alone by himself." Or a class of serious dummies who have too much respect for themselves, or for their teachers perhaps, to doubt or to criticise what they hear. Once in possession of their credentials these men would very naturally enter the profession without the least feeling of friendship or desire to fraternize with its members as a means of culture and improvement.

The world is a class-room on a large scale. With all of their peculiarities, what your classmates were in college your co-graduates are now, colleagues and competitors whose society will continue to be kindly and helpful in many ways, and whose ulterior object is the same as your own.

A right estimate of what is knowable and worth knowing in practical medicine and surgery can only be reached by associated and persistent effort, and by a generous comparison of the results that have been obtained. For, so to speak, only a small share of what is called experience is grown in our own garden. As members of a busy and a slavish craft our observation is personal and individual, while our experience is general and many-sided. The one is limited and spasmodic, but the other is comprehensive and continuous. One is fragmentary and single-handed, very prone to be occupied with matters of a comparatively trivial import, while the other indicates an orderly and a measured progress, the accumulated wealth and wisdom of the profession.

Now this coöperative method of a post-graduate education is self-perpetuating. It places our learning and experience, which is our stock in trade, at compound interest for the benefit of all concerned—the calling, the community and ourselves individually. But the conditions upon which we may participate in the profits of the concern are that we shall continue to pour our mental earnings into the common treasury of medical knowledge; that we shall earnestly desire and strive to develop the resources of the best and most beneficent of all the arts and the sciences; and that, wherever we are, or however we may be situated, we shall not "forsake the assembling of ourselves together."

3. *On the improvement of every possible opportunity to revisit the college for a review of our studies.*—There is an almost constant relation between the usefulness of a metal and its propensity to rust. If we take iron as the type, it must be protected from the action of the atmosphere and from moisture or its particles will not continue to cohere, and its valuable properties will soon be lost. Moreover, it gains strength by the weight that it carries, and by the active purpose that it subserves in the mechanical arts. The constant vibration of the railway track and of the suspension wires prevents their being depolarized and disintegrated. The track that is unused will be neither safe nor bright; and the wire rope that swings lazily and sustains nothing cannot be depended upon. The iron pillars and appointments of this building in which we are met would soon fall to pieces if they had nothing to uphold, and if the people did not come here from time to time to charge their molecules and to renew their strength. It is hardly too much to say that these inanimate things have taken a lively interest in the applause which you have so kindly bestowed upon myself.

As of the iron so of the intellect; for the mental faculties are like the metals—the most useful are the most prone to become rusty. Without diligent care and the most industrious use of the mind it will become dull and torpid, and lacking in strength and vigor. The doctor's perceptions and memory and judgment are in need of constant exercise or they will not carry

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the weight that is assigned to them as it should be done.

Realizing that a perfect knowledge of the branches pertaining to medicine cannot be gained during their pupilage, many of our young graduates resolve to seize the first opportunity to return to college for the completion of their studies. But the longer they "practice," and the more deeply they become immersed in their daily duties, the less likely are they to fulfill their good intention. The theory is correct, but the result is that the resolution goes by default, for there are not many physicians who actually return to college to remain for any considerable time. In this regard the rule that applies to other literary institutions applies also to the medical schools.

Nor is this very general failure of a laudable purpose altogether an affair of the will or of the convenience of the doctor. Something of it must be charged to the college itself. For what is the special inducement offered, and what shall be the equivalent for a prolonged absence from his field of labor and the necessary outlay of time and of money? Will he not hear the same or very similar lectures upon the same old, elementary subjects that he heard as an undergraduate? He may indeed have access to more and better clinical instruction, but with one clinic each day, or each week, he surely will not progress very fast or very far in the direction of a thorough post-graduate scholarship.

We old teachers sometimes have a pang because our former pupils and graduates so seldom find their way into the lecture-room for our encouragement as well as for their own improvement. They will send us their students (which is the proper thing to do, and which in our flourishing schools is fully appreciated), but they will not come again themselves. They persist in being scarce, and shy and short of time for such friendly visits; but the fact is that, in many cases at least, while they were in college they were mentally overworked and underfed, and they have not forgotten it.

I hope to be pardoned if there is anything wrong in saying that there is ground for anxiety growing out of this very matter of increasing the burthen that the poor medical student has to bear. In these latter days, if he is not distracted and demoralized before receiving his diploma, he is almost certain to be driven to resolve that he never will set his foot in a medical college again. And yet the whole drift of what is called the higher medical training is to lay these poor fellows under a still further tribute, and to blame them for the shortcomings of a profession that outranks them and outnumbers them, but which does not outwork them or outweigh them in downright pluck and perseverance.

I have sometimes thought that this kind of imposition upon our undergraduates must cease or somebody would feel called upon to organize a Society for the Prevention of Cruelty to Medical Students. And again it has occurred to me that these exactions might reach their limit of toleration and finally excite the victims to violence. A mob of such fellows could do a deal of mischief if they should turn upon us and boycott their teachers and examiners all around the horizon!

Manifestly it is of no use to varnish the palate in order to cure the distaste for an old dish. Whatever becomes of the matriculate, we can only deal effectually with the new conditions by perfecting a scheme for post-graduate instruction which will not require that the doctor shall go back to the same old branches and the same old benches again.

4. *Of attendance upon post-graduate schools and special courses of instruction.*—Of necessity the enterprising young doctor soon learns to apply and to appreciate the knowledge that he gained in the medical school and the hospital before his graduation. That knowledge was acquired at a time and under circumstances which were best suited for its assimilation, and now it is ingrain and indispensable. But its scope is limited and he will soon discover that there are new standards of excellence and new forces by which they must be developed. He must concentrate his time and his energies; and he must observe whether there is any especial branch of medicine or surgery to which he is addicted or adapted. He must sustain himself as a progressive student, and, if the old methods

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are insufficient or inappropriate, he must find such as will satisfy the requirement.

And this is precisely what the post-graduate schools and courses of instruction propose to furnish. By arranging an objective, bedside course that is thoroughly practical, and which is designed for physicians especially and exclusively, a vigorous and sustained education is possible. There is no other way to accomplish it excepting by the long and tedious route that our fathers were forced to take, and which some of my hearers have traveled for a life-time already.

The system has its difficulties, and time and experience will be necessary to perfect the arrangements so as to yield the best results. But, suppose that only the most acceptable and capable teachers were chosen for such a position, and that the profession should yield such an institution a generous support, who can doubt that its influence would be wholesome and desirable in many ways? It would make better practitioners, for even the busy doctor would be as bright as the best of them. It would make better preceptors, for every one who had a pupil would strive to set him an example of earnestness and of thoroughness that was worthy of imitation. It would make better students, because the physician who is thoroughly awake and alive to the interests of his calling will never enroll a third-rate student and send him to college on any consideration whatever. And it would dignify the whole matter of medical education, because these schools would be shorn of the power to grant a degree or a legal license of any kind.

The practical application of these remarks is not difficult. The period of graduation is a juncture which is beset by contingencies of a peculiar kind, not the least important and harmful of which is the tendency to permit our studies to lapse and our interest in professional matters to wane and to fade away. There is a large crop of vagrant instincts that spring from sloth and isolation and rust and routine, and which will need to be corrected by the remedies that I have proposed. If the prescription set forth in my plea for a more thorough post-graduate education is a little far-fetched, in one sense at least it is your own fault; but, when you have tried it, if it is appropriate and successful we shall share the honors.

Reception.

ON the evening of the day following Dr. Ludlam's lecture before the Alumni Association Professor G. S. Norton tendered to Dr. Ludlam a complimentary reception at his residence, No. 154 West Thirty-fourth street.

Professor and Mrs. Norton received with Dr. Ludlam and made known to him those present who had not already made his acquaintance. There was a large attendance, and doctors young and old from all parts of New York, Brooklyn, Harlem and Jersey City enjoyed greatly the opportunity of meeting together under such pleasant circumstances and of participating in the cordial welcome given to all by their friendly host and hostess. After a very enjoyable time, an elegant collation was served, and perfect justice was done by all to the good cheer spread before them. Among those present were Drs. Keep, of Brooklyn, Helmuth, Dowling, St. Clair Smith, Wetmore, Baldwin, Berghaus, White, Allen, of New York, Pyle and Nichols, of Hoboken, Scott, Richardson, Lilienthal, Thompson and many others. The younger members of the profession were represented by Drs. Beyea, Storm White, A. B. Norton, McDowell, Elebash, George and J. W. Dowling, Jr., F. R. S. White, Teets, Macy, Cornell, Hoffmann, Porter, Boyle, Flagg, Tinker, Vehslage, McBride, F. Nott and others too numerous to mention.

A Remarkable Case.

REPORTED BY W. A. WAKELEY, '88.

DR. E. B. WAKELEY was called to attend Mrs. S——, age thirty-two, colored, in labor, November 30, 1886. She had two children living, this being her third confinement. Upon making an examination Dr. W. found what she supposed was the prolapsed cord. Not perceiving any pulsation, concluded

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she would have a still-birth, and awaited developments.

The pains continuing sharp and strong and no apparent progress being made, she made another examination, and, changing the patient's position (lowering her head and shoulders and raising her pelvis), she was enabled, by conjointed manipulation, to obtain a head presentation, when labor progressed rapidly and without impediment, until the patient was delivered of a male child weighing a full 12 lbs. *by actual weight unclothed.* The placenta came away within fifteen minutes, but there was a severe post-partum hemorrhage which would not yield to the indicated remedy, and which seemed rather to increase than diminish, until Dr. W., satisfied that the uterus was not entirely emptied, made another examination, and discovered a fœtus of about three months' growth without life enclosed in its membranes and with the placenta, which was detached from the uterine wall.

By gentle traction she was able to remove it, and in a short time the hemorrhage ceased and the patient was left quite comfortable. I should suppose that in a twin pregnancy, when one fœtus had been carried dead for six months and more (as she went over her time), there would be more or less decomposition; but this fœtus was intact, and resembled one seen in a miscarriage at three months. It is evident that what had been mistaken for a prolapsed cord was the amnion of this fœtus, which had been crowded into the cervix and partially through the external os.

The mother recovered without further trouble, and she and the child are both exceptionally well and strong.

Prof. Helmuth's New Hospital.

OUR genial Professor of Surgery has opened a hospital of his own at 41 East Twelfth street in this city, and we are fully convinced that it is the finest private surgical hospital in the country.

On entering, one is shown into a beautiful reception-room, furnished with the taste and elegance equal to that in a handsome private house. On the other side of the entrance is the office of House Surgeon Dr. S. H. Knight, of the Class of '86 of this college. On the same floor is the dining-room, and the charming array of pretty china which greets one on entering it is capable of tempting the appetite of even a sick person. On this floor also we find accommodations for those patients who prefer not to go upstairs. The next floor consists entirely of private rooms, with the exception of one, which is used as an operating-room. The arrangement of the third floor is similar to that of the second. The operating-rooms on these two floors are models of convenience and cleanliness. In each of them we find an operating table that can be wheeled about in any direction, a table for basins and one for the boiler for hot solutions, also movable. An instrument table, designed especially for this hospital, is one of its most convenient features. It has, besides the ordinary tray for instruments, one for artery forceps and another for antiseptic ligatures, thus avoiding the mixing up of the instruments as much as possible.

The antiseptic solutions are kept in large glass jars, all of which are marked and supplied with a rubber delivery tube, capable of being raised or lowered at will. A handsome instrument case, with well-polished instruments, adds much to the usefulness and beauty of each room. There are also large glass jars to hold the sponges, those used for laparotomy being kept by themselves. Each room is well lighted by a large window and, if necessary, in addition to this a fixture of eight lights above the table and one with a powerful reflector arranged on a standard, which can be moved to any part of the room.

On the top floor are the wards and rooms for the house surgeon, housekeeper, and nurses. All the rooms are tastily and comfortably furnished. Each of the large rooms has two beds, one for the patient and another for the nurse.

All the floors are finished in oak or cherry and are carpeted with Brussels mats.

The wards are of the same pattern as the pri-

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vate rooms, and each bed is furnished with a screen.

The patients all dine together or are served in their rooms, as may be necessary.

There are at present in the hospital six nurses, all trained and all under the direction of a head nurse, a graduate of the Charity Training School. If necessary a patient may have a nurse especially devoted to herself or receive the care of the floor nurses.

The kitchen and nurses' dining-room are in the basement. These, like all the other rooms, are always kept scrupulously neat and clean.

At the west side of the hospital is a drive-way which leads back to the stables.

There are at present in the hospital fifteen patients, and up to date (Jan. 7, '87), the following operations have been performed by Professor Helmuth: 1 Epulis of the upper jaw, 1 Lipoma of the shoulder, 1 Curetting of uterus, 1 Carnucle of urethra, 4 Laparotomies, 1 Amputation of breast, 1 Recto-vaginal fistula, 2 Cauterizations of abdominal walls.

A Plea for the Student.

To the Editor of THE CHIRONIAN:

DEAR SIR—Dr. Geo. S. Norton, President of the Alumni Association of the N. Y. Homœopathic Medical College, in introducing Prof. R. Ludlam, M.D., of Chicago, who was to deliver the second annual lecture before the Association, took occasion to speak of the comprehensive and thorough course covered by the students of the college, as well as of the fact of an entrance examination being required and the stiffness of the "finals." He said that this might have the effect of keeping the classes small in size, but that our aim was not quantity but quality, and that the graduate could look back with pride to his Alma Mater, and that his Alma Mater could also be proud of her graduate, thus forming the very pretty picture of a sort of mutual admiration society.

That such feelings are proper, warranted, and do exist, no one will deny. Our professors we may well be proud of, for we have more than our share of eminent men and true teachers. The small class has its advantages. The relations between the students are closer and pleasanter, and we feel that we are personally known by our fellows as well as by our teachers, and each man receives more personal attention in the "quiz," which is an undoubted advantage.

But we believe that there *is* something in numbers—that quantity *does* count if you do not have to sacrifice quality, and the preliminary examination, simple as it is, may have been a bugbear to many good men who were bright and intelligent and would have proved shining lights in our school, but who were unwilling to submit themselves to such an examination on account of its very simplicity, and who might have forgotten the length of the Hudson River or the capital of Louisiana, and, after asking themselves the question, if there were not other schools where they could obtain as great advantages without this preliminary, have decided against us. While it may thus operate as a scarecrow, we all know that any man who has the courage to face it must be poorly equipped indeed to be rejected. And while the tendency is to keep the classes small, we doubt if it raises the standard materially, and believe that the object aimed at could be attained with greater benefit to the college by admitting all comers and dropping those that prove incapable at the examinations at the end of the first six months. Correct orthography is quite as essential for a physician as a knowledge of geography, and yet we have ourselves seen upon the note-book of a member of the present Middle Class the word gonorrhœa spelled "gonerhear," and that deliberately and not in the haste of note-taking. The post-graduate may be able to score a point over some rivals, on the fact of a preliminary being required, but the preliminary itself does not seem to answer any other good purpose.

The comprehensiveness of the course cannot be denied, bnt when we consider the number of subjects taught and figure out the time, minus vacation, in which they are supposed to be mastered, I think we will be inclined to drop the claim of thoroughness. Specialist follows specialist in their respective subjects, full of facts and

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theories, and the poor student drives his fountain pen with vigor to get it all down in his notebook; but can any rational man expect him to get it down in memory? There is indeed a call for a society for the prevention of cruelty to medical students. This is not an educational system —a leading out of the man. It is a cramming process, a pouring into a reservoir, and the fact holds good in metaphysics, as in physics, that you cannot put more than a pint into a pint measure. It overflows. Nor is that all; it has a tendency to discourage a man who is ambitious and feels he cannot do it all, and he plods along through the course with a tired brain, and goes out, knowing a very, very little about many subjects, and lacking the energy and confidence in himself which he should feel to be successful.

It seems to us that not the amount of ground covered, but the thoroughness with which it is gone over is really the factor that raises the standard of an institution, and the fault here, if there is any, is not with our professors, but with the curriculum. Our professors certainly do their part thoroughly enough, as is evidenced by the fact that in spite of all they are called upon to do, the students come up to the requirements at the finals, which are as searching and severe as those of any college in the country. We believe that the specialties of otology, ophthamology, laryngology and dermatology should be optional, and no examinations held in those branches. Kidney diseases could be given with greater benefit to the student, considering the amount of time at his disposal, with practice, as we believe pathology should be also. Anatomy could be made a compulsory two-year study with great propriety. Then if the term were extended two weeks later in the spring, a three-year course made obligatory, and the most important studies gone over two years, we believe we would have better reason to be proud of our graduates, that they would be much better prepared and in better condition to undertake their life's work. '87.

ONE of our best remedies for inflammation of the bladder is tinct. cantharides, one drop every hour.—*Journal of Medicine* (*old school.*)

A Sulphuric Acid Case.

BY CLARENCE WILLARD BUTLER, M.D., N. Y. HOM. MED. COLL., '72.

JOE M——, a spare, small man, 50 years old, but looking older, pale-faced, watery-eyed, a hard worker in his youth and an idle man ever since, now a hostler in a country hotel, consulted me in November, 1880, for the following conditions: He averages from twenty to thirty drinks a day and confines his potations to whiskey or "apple jack" (cider brandy, the original "Jersey lightning"), from which it becomes evident that Joe is an intemperate man. He generally takes two or three large drinks at the landlord's expense before breakfast, and during the rest of the day drinks with every one who asks him. Since he brings his average up to twenty or thirty drinks, it would look as if Joe was not friendless altogether; also, as if the hotel was doing a good bar trade. He says he feels like sheol every morning. (Joe spells it with an h.) He is nauseated, with *sour* vomiting, "awfully" sour; has many eructations with occasional gulpings up of a *sour* or sweetish water; is irritable. If his horses do not stand to suit him while he is cleaning them he kicks them, although he is usually *fond of* and kind to them. (Surely he is not hopelessly depraved.) After his "two or three drinks" he feels better. Head feels dull and stupid in the morning, but has no headache. He feels "heavy in himself" all day (Joe is a descendant—remote—of Brian Boroimhe), or at least until he has filled himself pretty full of the "juice of forgetfulness." He has many fugitive pains through the bowels; *burning* at the pit of the stomach, and considerable moving of flatus in the abdominal cavity. Is continually thirsty (in spite of his "thirty drinks a day"), but cannot drink water because it chills his stomach and he throws it up. Can put water in his liquor without inconvenience or vomiting. Bowels constipated, with pain in the rectum on defecating. No appetite. Can eat nothing in the morning till he has had his two or three drinks, when he can take a little food. It causes

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dull pain in the stomach, however, as soon as he eats it. He is nervous and tremulous most of the time. Although he knows the cause of all his discomfort he protests that he is wholly unable to stop drinking.

Sulph. acid ∞ was given him in repeated doses with great relief of all his symptoms. A cure was not effected, of course, since he still persists in his "twenty or thirty drinks a day." Indeed, when I last filled his bottle with pills, improving the occasion meanwhile to give him a temperance lecture, he informed me that he did not think it worth while to quit drinking because he would "never die of it, shure," as long as "thim pills" could "cure him up" so quickly.

In alcoholism we are frequently called upon for the use of one of three drugs, and a comparison of their symptoms, to fix them in our minds and avoid that most pernicious habit, *routine* prescribing, may not be unprofitable. These are Sulph. acid, Nux vomica and Gelsemium.

Sulphuric Acid.

Suitable in chronic alcoholism. Old topers who drink the "hot and might liquors," brandy, whiskey, gin, etc.

Apathy.—Irritable when things do n't go to suit him.

Dullness through the head. Stitches here and there in the head.

Thirsty.—In the morning he wants whiskey or brandy. Cannot drink water unless he adds alcoholic liquors, because it chills his stomach and he vomits it up.

Tongue red, or coated whitish.

Breath very offensive.

Bowels constipated, with great pain in the rectum on defecating; or bowels loose; pasty or watery, offensive stools.

Hæmorrhoids.—External, moist, sensitive, with stitching or burning pain.

Nausea.—Severe, with vomiting of food, of water, of *sour*, bitter mucus.

Very sour vomiting.

Sour, bitter or sweetish eructations.

Hiccough.

No appetite.

Heavy, pressive pain in the stomach on eating. Burning or coldness in the pit of the stomach.

Weakness in the abdomen after stool.

Frequent urination, with pain in the urethra on passing the last few drops. Old sinners with enlarged prostate.

Tremulousness without actual trembling, general, and severe.

Gelsemium.

Moderate drinkers who have exceeded their allowance. Champagne drinkers. Fine wine and liquor drinkers.

Restless, even lively, disposition, or penitent mood.

Heavy, *dull occipital* pain from pressure: from stimulants. Dull, confused feeling in the head.

Thirst moderate. Craves stimulants, but wants fine liquors and "long drinks"—*e. g.*, champagnes, cock-tails or gin or whiskey fizzes.

Cold water grateful.

Tongue coated yellow.

Breath offensive.

Bowels not markedly affected.

Nausea not prominent, vomiting rare.

Little appetite.

Indefinite pains through the abdomen from stimulants.

Frequent free urination with relief of the symptoms, especially the headache.

Nervousness and tremulousness without actual trembling; may be general or confined to single groups of muscles.

Not as severe as with Sulp. acid.

Nux Vomica.

Results of excess, especially in young or moderate drinkers.

Beer drinkers, whiskey drinkers.

Cross, quarrelsome disposition.

Dull, heavy frontal headache by strong pressure. Confused feeling in the head.

Thirst.—Can usually, but not always, retain water. Wants a "fixed up" drink; do n't know what exactly, and is not always able to retain it when he gets it. Stimulants do not relieve.

Craves cold water, but cannot always retain it.

Thick, dirty coating upon the tongue.

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Breath foul.
Bowels constipated, with ineffectual urging.
Piles, internal or external, painful after stool.
Nausea.—Incipient nausea constant.
Vomiting bitter, of food.
Eructations.
Hiccough after stimulants.
No appetite.
Heaviness and pain in the stomach on eating.
Spasmodic strangury.
Dull pain in the prostate, with urging to urinate or to defecate.

Miscarriage with Flooding.

A SHORT time since my attention was called to the following case: Mrs. C——, aged thirty-four, married thirteen years. Has had five children, one living; last delivery three years ago; no previous miscarriages. History of phthisis in family. Patient supposed to be pregnant three months, when, after much fatigue from a hard day's work, she said, bleeding suddenly began with pain, and shortly after a mass was expelled from the vagina. The hemorrhage continued, and at times dark clots of blood, as large as her hand, was passed, with a fainting sensation. At the time of seeing her, two weeks later, she was weak and emaciated, hardly able to stand; face had a pale, sallow expression, sunken eyes, cold clammy skin, pulse small and irregular, chilliness over body with cold hands and feet, debilitating sweats at night, no appetite, heaviness and dragging sensation in lower limbs and genital organs, great prostration, etc.—in fact, her very looks and actions seemed to cry out *Cinchona.* Examination showed the cervix to be subinvoluted, with large raw patches of unhealthy granulations upon the vaginal portion. The os was widely dilated, through which exuded blood and mucous; a sound was passed; uterus found in normal position and measured five inches from external os to fundus. A hot water douche was immediately resorted to, then the granulations on cervix were touched with nitrate of silver, thirty grains to the ounce, and an application of Churchill's Co. Tr. of Iodine and Glycerine, equal parts, was made to the cervix, after which the vagina was tamponed with cotton pledgets, strings attatched, the first few being saturated in a mixture of alum, one drachm to glycerine four ounces, which were placed in the posterior cul-de-sac and around the vaginal portion of the cervix, then over the os, and thence, with dry pads, the vagina was filled from above downwards, the speculum removed and patient placed in bed. Relief was almost immediate; for the pads gave support, as it were, to the already weakened and relaxed structures that were endeavoring so well to hold the engorged uterus in position. The parts were kept thoroughly disinfected, and the same local treatment was applied daily, with the exception of the nitrate of silver solution, a few applications of which were sufficient, as the raw surface of the cervix readily healed. The hemorrhage soon subsided, and in twelve days the cervix appeared normal, being reduced to one-third its former size. A sound was passed and the uterus measured three inches instead of five. The patient resumed her domestic work, was bright, active and quite strong, and seemed to be transformed into a new being.

J. O. CHASE,' 87.

Treatment of a Case of Subinvolution.

PROF. W. O. M'DONALD, M.D.

THE term is applied to that condition "when the uterus remains too large after childbirth," by Emmet.

By Thomas the lesion is considered as one of the forms of chronic metritis.

But little reference to subinvolution is to be found among the English, French and Germans.

It appears to me to be proper, in a clinical point of view, that the affection should be considered under two distinct phases.

As a matter of experience, it is a common thing to find a condition of the uterus associated with laceration of the cervix and probably dependent on it, when the organ is large and soft. To this state of affairs, the term subinvoutilon properly belongs.

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After the lapse of years, a certain proportion of these cases of subinvolution will be found to have undergone certain changes. The uterus will continue to be large, perhaps it will have increased in size, but it will no longer be soft. There will usually be a state of descent, flexion or version. It will be tender to the touch and the mucous surfaces will be found in a state of chronic inflammation. This state of affairs merits the term applied to it, "chronic metritis."

The first form of the lesion, which I have called subinvolution, can pretty much always be cured, by curing the laceration which has induced it.

But in the second form oftentimes, although it may evidently have been caused by a torn cervix, the repair of the cervix will not bring about a cure of the disease of the body of the uterus.

And in addition, occasionally we meet with cases of laceration of the cervix which do not admit of repair. Some of these are specimens of the advanced form of subinvolution.

So that we have on the one hand patients whose subinvolution can not be remedied by the operation of trachelorrhaphy, and also on the other hand, patients whose cervical lacerations do not admit of repair.

Now a word of explanation in regard to the cases which do not admit of repair, or perhaps a better word would be restoration.

One variety of these unsusceptibles, if I may be allowed to use such a term, arises after this fashion: It is accepted that the laceration is usually followed by eversion of the lips; in time the everted lips go off into the roof of the vagina, and all semblance of laceration is lost, but generally the cervix can be restored by rolling in the tissues in front of and behind the cervical canals by the use of two hooks.

But when the advanced phase of subinvolution exists, the physical changes are usually so great that this rolling-in process cannot be accomplished. The everted lips are merged in the adjacent vaginal walls, the part of the cervix which was not split has increased in all its diameters. It has become denser, thicker, usually longer; it has become physically less accommodating. It has been converted into a cervix with a larger os and canal, but with little or no semblance of ever having suffered from any such damage as laceration. The rolling-in process can not usually be practiced, and consequently the operation of trachelorrhaphy can not here be performed. No lesion is to be found, for none exists. The everted cervical lips have disappeared.

In these advanced cases of subinvolution, or as I think it preferable to term them, of chronic metritis, a proceeding has been recently advocated which is so nearly identical with a former method of my own that I feel tempted to bring the subject to your notice.

After you have been in practice for a time you will discover, I fancy, that the cure of any form of chronic metritis is a thing that you will rarely bring about. It follows from this, in my opinion, that any line of treatment which furnishes a fair prospect of relieving some cases deserves careful trial and earnest consideration.

Now for my patient. She first came to me in 1881, and my record furnishes the following named particulars:

She was then thirty-one years old, and was living with her husband. She had had two children fifteen years and seven years before, respectively. She had a miscarriage some ten years before, and her troubles appeared to date from this occurrence.

Her first "lying-in" was followed by a good "getting-up," but she was sick both before and after the last confinement.

Her menstruation, she said, was quite regular, the flow having been rather profuse since the birth of her first child and containing clots, and often being dark, thick and tenacious.

Dysmenorrhœa always, but the pain was variable, being more severe with some periods than with others. At the same time she was never able to keep out of bed through a period without suffering much more as a result of so doing.

She also said she had leucorrhœa constantly, the discharge being thick, glutinous, like thickened milk, and much of the time irritating the vulvar mucous membrane.

She stated that she suffered from what have

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been termed menstrual headaches located in the temporal regions and in the orbits, aggravated by light, noise, effort, talking and eating, ameliorated by a tight band about the head, by vomiting and by the taking of an alkali.

An epigastric sensation was present much of the time, as if she had over-eaten; there was intolerance of pressure in the left epigastium, obliging her to loosen her corsets, and impeding a full inspiration.

She was unable to digest fat food.

The palms and soles had been hot much of the time for the preceding six weeks.

She complained of pelvic pain and tenesmus from standing and from long walking, greatly relieved by the use of a wad of cotton so placed in the vagina as to support the uterus; of a weak, tired sensation in the pelvis, and also a terrible, weak, "gone" feeling in the same location—all of these pelvic symptoms relieved by getting into the knee and chest position.

Examination showed that the cervix was large and œdematous, low down and far back in the pelvis, in the first stage of prolapsus. The os was transverse and large, with some erosion on the adjacent mucous membrane. The body of the uterus was large, heavy, tender to the touch, and inclined somewhat forwards. Tenderness was also developed by the use of the probe, which went into the canal two and a half inches.

Rendering a diagnosis of chronic metritis, I advised her attending physician to rely entirely on internal medication, and I counseled her to be content to take good care of herself, giving her some hope of such an improvement as would at least render her life comfortable.

This line of conduct was followed out, and she returned to me in June last and said that she had gone along passibly well as long as she had not attempted to do anything. But about a year ago she broke up housekeeping and the toil incidental to this change in her surroundings had caused her to relapse, and that she was worse than ever; and she had now developed some new features in her symptoms.

Menstruation was less regular, its duration was generally five days. Pain began in the pelvis as soon as the flow came, lasted as long as the flux did, and continued in a diminished degree for some eight, ten or twelve days, when a sort of a mild attack of dysmenorrhœa would come on and last for three days, associated with the discharge of a thin fluid—not blood—and a miserably sore and sensitive state of the pelvic organs; and then, after this flow ceased, for about ten days she would have an interval of comparative comfort until the return of the next menstruation would again render her unhappy.

Physical investigation developed very much the old state of affairs; but far back, and to the left of the cervix, a vague mass was to be found of some half to three-fourths of an inch diameter, which was very tender to the touch and which she indicated as being the most sensitive spot in the cavity. She was now somewhat sensitive in all parts of the pelvis, but more so just above the brim, while all portions of the uterus were tender, and the abdominal wall was in a touchy condition in spots. Two of these spots were located over the external inguinal rings.

My reading of the case now was that the chronic inflammatory action had relapsed in the uterine substance, and also that inflammation of a chronic character had arisen in the left ovary, that this organ had probably become somewhat adherent, and that it was this ovary which was furnishing the ovum, the discharge of which during the regular menstrual interval was producing this so-called inter-menstrual dysmenorrhœa.

Her particular reason for returning to me was to get my opinion as to the possibility of her wearing a pessary.

The fitting of an effective pessary in this case seemed so hopeless a task that I submitted another alternative.

Some years ago, upon one occasion when I was performing the operation I am about to describe, Prof. Helmuth after looking on for a few minutes remarked, "Oh, I see! When we do not find a laceration, we make one and sew that up, and it answers the same purpose!"

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The procedure consists in the cutting out of a V-shaped section from the sides of the cervix, the apex of the V being above or towards the body of the uterus, and then joining the raw surfaces by suture.

This operation was of course suggested by the results obtained in trachelorrhaphy. In two or three patients a decided improvement followed its performance, but in as many more meeting with failures, I had ceased to practice it.

Within a few months an article has been published advocating the resort to this measure in chronic metritis, resulting from old laceration of the cervix. Consequently with this kind of "backing up," I offered this as an alternative measure to my patient, and after some consideration she concluded to accept it.

The writer of this article, referred to above, urges that the gap should be extended high enough into the cervical substance to cut the circumflex artery if possible, he being of the opinion that better results will then be obtained.

Without going into the question as to whether the artery should be cut or not, I will say that the ancient dread of section of this vessel does not appear to have any very good foundation. It is but a small artery, and when wounded the flow of blood can always, in my opinion, be controlled by the passing of a suture through the tissues so as to go around it. If this does not suffice pass a special thread through and then ligate *en masse*, encircling the point where the blood springs from.

Well, the operation has been performed, good union was obtained, and the patient has gotten up and about.

Of course it will be some months at least before any material change can be expected. In fact, I would not feel discouraged about the matter if she had but little or nothing to report in the way of a betterment for a year; so that it will probably be impossible for me to furnish this class with any definite report as to the ultimate issue of the case.

Guided by my former experience, I do believe that there are cases of chronic metritis, due to laceration of the cervix, that can be benefited by this proceeding when the operation of trachelorrhaphy is inapplicable.

But it will probably occur to you that this operation will not benefit the disease of the ovary; perhaps this is true, but because this woman has chronic oöphoritis, shall we make no attempt to relieve her of her chronic metritis?

I do not know how to cure chronic inflammation of the ovary. I will do my best and treat it by internal medication, but I would work with a much more hopeful spirit if I could first get her rid of the uterine disorder.

SCHENECTADY, N. Y., Dec. 20, 1886.

Editor of THE CHIRONIAN:

DEAR DOCTOR—Since the last meeting of the Alumni Association a movement has been set on foot with reference to a decennial meeting of the class of 1877. Meetings of this kind, I believe, have never been held by our college classes, and it seems to me that such meetings would greatly increase the interest in our Alumni Association, as well as in our Alma Mater.

All the members of the class whose addresses are known have been notified, and twenty-nine have returned favorable answers. Four of the class are dead, viz., Bosworth, Purdy, Stevens and Hamilton. Five could not be found, namely, De Kooth Portugal, E. Thorn, J. H. McClellan, P. Emerick and H. A. Putnam. Sixteen have not answered. If THE CHIRONIAN could be sent to every member of the class it would bring the matter before them again, and possibly induce them to drop a line to the writer. Will some of our boys who use the pen more than the writer give us a shaking up in the next CHIRONIAN, so as to make the meeting a success?

Fraternally yours,

LOUIS FAUST, '77.

IN wheezing and cough of children with bronchitis, good results may be obtained with tartar emetic, one grain to two pints of water; teaspoonful every half hour.—*Nashville Journal of Medicine and Surgery (old school.)*

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College Notes.

HOW do you like my hair *à la Pompadour?* EIGHTY-NINE has a tax collector—Dunlevy.

YES, I have friends, but they are distant—distant.

ONLY three short months and then the deluge of examination papers.

GENTLEMEN, I feel a little tired, so I will sit down during this quiz.

CONNELL AND ALLEN are to be congratulated on their full beards. Next!

EVERY middle man has his pet question in Toxicology now, and goes around searching for victims.

THE laboratory instructors would like to know where the boys were Tuesday afternoon, Dec. 21, 1886.

A NEW disease, namely, "Intestinal Hydrocele," has recently been discovered by "A" man in our class.

SOME of the boys have not yet returned from the Christmas vacation, and undoubtedly they will come back singing, "Blest be the tie that binds."

EVERY one came back from the vacation smiling and happy, but the smiles vanished when Prof. Doughty pulled out that little list and began to quiz.

IT is proven beyond doubt that Mr. S—— is a "sucker." The suction power he exerted through a pipette revealed to him "All 's not cider that 's red."

CHURCH, '89, who was obliged to leave college some two weeks before the vacation began, on account of illness, has fully recovered, and is with us once more.

PROF. HELMUTH, assisted by his son, removed an ovarian tumor from a patient in the Hahnemann Hospital, Philadelphia, before the students and faculty of the college.

PROF. WHITE has *begun* the consideration of tumors. Nobody knows when he would stop if left to himself, but fortunately there is a limit fixed—the end of the term.

THE pleasing voice of the professor in Obstetrics seems to have a soporific effect on certain middle men who shall be nameless. One of them, however, spells his name with an H.

THERE have been so many calls for Mr. Martino that the gentleman in question suddenly appeared on the scene. He was an object of great interest to the Freshmen, who nearly stared him out of countenance.

ALAS! how easy it is to be deceived. Our Freshman, in whom we took such an interest, and whose knowledge of anatomy we deemed so profound, has taken to playing cards and announces that he will not come up for anatomy this year.

AT the New York Ophthalmic Hospital 3,572 prescriptions were given out, and 653 new patients treated during December. Average daily attendance, 143; largest attendance, 229. In the College Dispensary 1,698 prescriptions were given out, 184 visits made and 633 new cases treated.

GEO. M. SMITH, '87, our genial business manager, who has been for three years apothecary to the Ophthalmic Hospital, is relieved from this arduous duty now, his time having expired January 1st. He is happy to say that now he can spare more time for making out receipts for subscriptions to THE CHIRONIAN, and will devote at least three hours a day solely to the business of putting his signature to these important documents. Mr. Vanderwerker, '88, succeeds Mr. Smith, with Connell, '89, as assistant.

Book Notice.

American Medicinal Plants. MILLSPAUGH. Fascicle V., Nos. 21–25. Boericke & Tafel, New York and Philadelphia.

IN this Fascicle, the plates of those plants that are familiar to us are admirable. Rarely have publishers attempted a work of such magnitude and carried it out with such signal success.

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THE CHIRONIAN

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THE CHIRONIAN.

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The editors are not responsible for opinions of contributors.

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All remittances by mail should be made to the Business Manager, at the College.

THE CHIRONIAN will be sent until ordered discontinued.

AT a late hour we are informed that Prof. Helmuth will deliver his Sunday lecture in the amphitheatre of the college building on Sunday, February 13, 1887, at 4 P. M.

We are fortunate in getting the notice in this issue of THE CHIRONIAN, for many of the Alumni will doubtless be happy to have an opportunity to once more listen to their eloquent teacher.

WE take pleasure in congratulating the Hahnemannian Society over the increased interests in its monthly meetings.

At the close of last session all interest in the Society was at a very low ebb. Members came simply to avoid the fine, and on all sides could be heard the complaints of those who had become members only to find out that the benefit derived was imperceptible and the meetings were a farce.

Many of the students resolved that the opening of this session should witness needed reforms in the management of the Society's meetings, and the verdict of all must be that the work has been well done.

The meetings now are replete with interest, many able and interesting papers being read, and the music, instrumental and vocal, fills out a pleasing programme.

We are informed that new and interesting features will be added to the public exercises at the close of the session.

THE Society is fully alive to the wants of the students and will do all in its power to profit them. It is with this idea that the Society has taken hold of the Library question.

The committee is working faithfully and have had very good success up to date. Some are inclined to growl because a room is not immediately fitted up, filled with books and opened for use. These, because they are not informed of every move the committee makes, take it for granted that nothing is being done.

Such is not the case, and in due time we shall see that the committee has done its work well, and it shall be to the lasting credit of the Hahnemannian Society that a permanent library has been founded in the New York Homœopathic Medical College.

WITH this number of THE CHIRONIAN, we begin the publication of reminiscences of the college classes, beginning with '74.

We are sure that all our readers will be pleased with the articles, but to the alumni they will be of especial interest. Each class will find an account of some well-remembered occurrence of their college days, and a new interest in our *Alma Mater* will be awakened.

FOR vomiting of infants, one grain of calomel to one ounce of lime water; to this add one pint of pure water, and give a teaspoonful of the mixture every ten minutes.—(*Old School Journal.*)

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Aberrations of the Will in Mental and Nervous Diseases.

BY PROF. SELDEN H. TALCOTT, M.D., MIDDLETOWN, N. Y.

" Aye! who doubts that, a will, a wicked will,
A woman's will, a cankered grandam's will."

IN considering morbid mental processes, or pathological conditions of the mind, we should first acquire a general knowledge of the normal mental processes, and also agree upon the meaning and scope of those terms which are used to define each step in the course of mental action. Then we may readily note departures from the normal standards of thinking and acting, and by due comparison estimate aright such departures.

Mental operations are carried on in the following manner:

First, Impressions are made upon the brain cells through what are called the five senses.

Secondly, The perception by the mind of an impression made upon the brain is termed consciousness. Consciousness is a simple cognizance of the fact that the external impressions have been made.

Thirdly, When the mind becomes conscious of the fact that two or more impressions have been made, the mental process, styled comparison, is inaugurated. In making comparisons the faculty of thought is stirred into activity. As a result of thought, ideas—mind images—are generated. Our thoughts and ideas may be based upon both present and past impressions. The retention of a past impression by the mind is termed memory. Memory is simply the power of reproducing, in the mind, impressions which have been made upon the brain cells in the past. Knowledge is a consciousness of material facts. The alleged knowledge of immaterial facts is a product of the imagination based upon analogous material facts. Imagination is the mind's faculty of creating new and immaterial images, but these airy creations of the mind are based upon impressions produced by things which are actual and real.

Fourthly, By instituting a comparison of ideas generated in the mind, and by seeking to ascertain the truth or falsity of propositions based upon perceptions and ideas, we have a process termed reasoning. A comparison of actual impressions stimulates thought and promotes the formation of ideas. The comparison of ideas, and the estimate placed upon their origin, value, power and uses, is made and determined by what is called reasoning.

Fifthly, As a conclusion of that active and healthful operation known as reasoning, we come to what may be properly termed the understanding. Consciousness is the primal and simple perception of an impression. Understanding is a conclusional perception of many impressions, a knowledge of associated facts, and a final and truthful estimate of the value and importance of such facts.

Sixthly, After arriving at an understanding of the ordinary propositions of life, we form a secondary conclusion in our minds, which conclusion is termed the judgment. The judgment is the final verdict passed upon the effects of impressions, upon the bearings and tendencies of generated ideas, upon the conclusions of the reasoning processes, and the consequent enlightened state of the human understanding.

Seventhly, An opinion having been formed, that is, a judgment having been concluded, the final and highest type of mental action is called into action for the purpose of executing the determination of the mind. Here we find the human will, without which there could be no impulse to action, and no conservative force to restrain from unwise and illogical action.

Having glanced for a moment at the seven normal processes by which the human mind performs its functions, we shall invite your attention to those disturbances of the will which indicate the highest form of disordered condition of the mental powers.

It is easy to recognize the fact in ordinary human experience that healthy and sane individuals are gifted with either strong wills or weak wills, or fickle and changeable wills. But beyond these natural varieties we may pass to a consideration of those wills which have been disturbed or diverted from their natural tendencies by the influence of disease.

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Making all due allowance for the erratic and weak wills, we find in numerous instances that when the disease known as insanity has taken firm hold of the individual, the will powers appear to have changed quite perceptibly from their normal courses. Sometimes the will is stimulated by the disease to intense and unusual action. Then we may see the individual not only conceiving larger projects in business than he had ever dreamed of before, but sometimes you may find a remarkable force and energy of will developed in the execution of those projects. Under the influence of a hyper-stimulated will, preceded and accompanied by an insane delusion, a man went West and in less than ten years accumulated a handsome fortune. Then he died, under the visitation and effect of that insanity which had stimulated him to action, leaving his property to the fools that came after him.

Sometimes there is a faltering of will-power, as in the case of imbeciles, who are the victims of checked growth. In many cases of moderate but persistent brain disease the patient perceives fairly well, enjoys an undisturbed consciousness of his surroundings and the impressions which they make; thinks with moderate accuracy, generates ideas with gentle activity, reasons logically but without much positive force, and judges with average correctness concerning his ordinary and every-day experiences. Yet, on account of the fact that his will falters and hesitates, he becomes a helpless, inefficient and useless clod in society. The non-activity of the ordinary imbecile illustrates this truth; while the will-failure of the common drunkard is somewhat proverbial. The latter, under the influence of disease, self-induced, cannot regulate, restrain or control his action.

The usual evidences of insanity are said to be "departures from the normal mental status, and changes in the states of feeling and modes of thinking common to the indivldual when in health." Delusions, which are false beliefs; hallucinations, which are false perceptions by any of the senses; illusions, which are mistaken perceptions on the part of some of the senses; these are commonly considered as among the most important evidences of insanity. These relate to impressions, to consciousness, to thought, to reasoning, to judgment; and, through the disturbance of all these primary functions of the mind, the final and directing function, called will-power, is at last itself disturbed.

Impairment of will is one of the most serious and positive evidences of insanity. It is this impairment which produces that loss of self-control which makes it imperative for society to step in and protect the lunatic from doing harm to himself or others. This impairment of will is one of those evidences of insanity which has not always been fully or thoroughly recognized. There are many cases of disputed insanity where a correct verdict could be obtained if the impairment or loss of will power through the effects of disease were properly and justly recognized at true value as a diagnostic indication. The time will come when the insane person will be judged just as much by his actions as by the utterance of wild delusions. And when the impairment of will is discovered before dangerous action has resulted, and proper restrictions placed upon the patient, then a larger safety for society may be hoped for. Many a dangerous man with a disordered will runs at large without let or hindrance, until, by some erratic and irresponsible action, either the possessor of that disturbed will or his neighbor is suddenly destroyed. Such "accidents" should be guarded against by the wise and intelligent physician through timely advice to the friends of the suffering and dangerous victim of disturbed will-power.

As an example of paroxysmal infirmity of will we might quote the action of the woman who shot O'Donovan Rossa. Here was a person with an apparently fixed and determined purpose to rid the world of a being whom she regarded with aversion and horror because he was said to be an inciter of the ruthless murder of helpless women and children. Stimulated by such a belief, a belief as earnest and lofty as that cherished by Charlotte Corday, the assassin of Marat, she attempted to kill O'Donovan Rossa. Before the work was half completed she desisted from shooting. She gave, as an excuse for stopping in the midst of her deadly work, the

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chivalric reason that she could not shoot at a man after he was down. But had the spirit of chivalry really ruled her entire action, she would not have taken her victim unawares, nor would she have shot him in the back. The reason she gave for her sudden cessation of shooting was, in fact, an illogical reason; for she had already displayed her ability to violate the creed of British chivalry by shooting unawares, and by shooting at her victim from behind. Having violated the creed upon two points, she certainly might have continued its violation upon another point in order to accomplish what at the outset she believed to be a grand and righteous undertaking. It seems to me that a sane woman, having worked herself up to the point of assassination, and excusing herself for performing such a deed upon the grounds of the despicable nature and the fiendish motives, actions, and words of her victim, would have been determined to finish the work at all hazards, and to cease from her labors only when she felt sure that death had claimed her antagonist for his own. Stopping short, with the work half done, knowing that it was uncompleted, and seeking the shelter of an excuse behind a creed already twice violated, is to my mind an evidence of such infirmity of will as is possessed only by a person afflicted with insanity.

Another curious case of paresis of will has recently come to my notice. A gentleman residing in one of the Western States wrote to me for advice, and in the letter describing his case (which he gave me permission to use among my confrères) he says: "I am haunted day and night with the fear that when I am left alone with my wife at night, in a fit of transitory mania I might strangle my dear wife. I labor under this fear a great deal, and oftentimes, after the toils of the day are ended, I fear to go to bed lest in an unguarded moment I might harm my wife. I never trust myself with a revolver, knife or any weapon at such times." This patient suffers with paresis of will and has fears relating to himself, and he says: "I never allow myself to stand in front of a high window or door, for fear that I may jump to the ground. I never wish or think I ought to harm myself or any one else. I never willingly contemplate such a thing, still I am haunted continually with the fear that I may." Again he says: "My daily routine of business makes it necessary for me to cross two high bridges over deep rivers. I cannot swim. The bridges both have railings, and quite often in crossing I am so fearful that I may lose my will power and jump in that I grasp the railing to restrain myself as I go along." If possible he gets some one to accompany him in his work, and then he feels stronger and better able to resist the temptation to self-injury. This man does not wish to harm either himself or others, but his will has become so impaired by overwork, anxiety, worry and disease that he is unable to use fully and readily the ordinary powers of self-restraint or self-impulsion.

The object of this brief paper is to call attension to a few of the states of disturbed or impaired will power which are so common in those who suffer from mental or nervous diseases. It seems necessary that the attention of physicians should be directed to this matter, because impaired will power is not always recognized as it should be, and thus dangers arise and disasters occur which might have been avoided. As physicians it is proper that we should consider not only the objective and readily apparent conditions in diseases of the brain and mind, but we should push our investigations to the utmost limit, and seek always to ascertain those mysterious causes which impel human action for wise or otherwise purposes.

A consideration of the subtleties of will-power may inspire those who are educating the young to pay more attention to the training and development, culture and growth of the normal, healthy, and active will.

A consideration of the aberrations of the will may lead physicians to discover the existence of mental or nervous disease at an earlier date than now obtains, thus acquiring better opportunities for successful treatment. And, again, by a shrewd discernment of the existence of an impaired will, in a person suffering with incipient insanity, you may be able the better to protect the individual by necessary and suitable environ-

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ments, and to guard society against those disasters which too often occur upon our streets and in our homes, and which lead with startling frequency to the destruction of human life and to the untimely blasting of human happiness.

A Note.

TURPENTINE produces congestion of the kidneys, pain in the back and sometimes bloody urine. It is useful in congestion of the kidneys, accompanied by pain in the back and in hæmaturea.

Small doses must be given in order to avoid an aggravation. Its modus operandi is not understood.

The above is a note taken from a lecture on Materia Medica at the College of Physicians and Surgeons.

We hail with delight such indications of progress.

To Editor of CHIRONIAN:

DEAR DOCTOR—In the last number of THE CHIRONIAN we find a certain subject, taken up and discussed, in the communication of "'87," with a final decision that it is hard to believe is voiced by the entire college. We do not believe that there is a man among us but who, from the deepest recess of his heart, re-echoes the reference of "'87" in regard to the sterling worth and exceptionable ability of our professors; but we decidedly question the unanimity of opinion upon the utility of "entrance examinations." No one will deny that large classes are preferable to small ones in many respects; and yet, is it possible to bend all the energies of an institution toward the acquisition of quantity, without sacrificing something in quality? If it is possible, why is it that the numerical size of a school is more apt to depend on the mere name of having been connected with "such an" institution or the facility of entrance than upon its thoroughness, which should be of primary importance? However this may be, it is this thoroughness of instruction and the ability of the instructors that decides a true scholar in his selection of an institution of learning. If this be so, would mere numbers be as apt to draw this class to our school, or an examination deter from entering, as they would the men that go to college for the sake of being considered "college men," or of having the pleasures of a college life? Though a preliminary, truly, may cause smaller classes than an entrance fee to all that apply, does it not keep out this class who, being afraid to try this examination, would be much more apt to be those who would not study nor be an honor to any class or school? On these grounds we utterly fail to discover in what way a preliminary would be likely to bar out anybody who would be at all liable to be "bright and intelligent, and would have proved a shining light to our school." We think it highly improbable that any one who would ever be likely to fill that description would be apt to be deterred from entering this college on account of the preliminary. One who has the energy requisite to become a "shining light" would not be very apt to be turned away from this institution by such a trifle. The "lights" of a class, as a rule, are made of sterner material. A man who has the necessary love of study and determination to so apply himself that his classmates and instructors will be proud of him would not fear as slight a preliminary as is required here.

We also emphatically disapprove of the statement that the standard is not materially raised by this entrance examination.

Out of the whole Junior Class only four or five were required to pass through this horrible ordeal of preliminary, the rest being high school, academy and college men. Surely no one will hold that men of this type will lower the standard of a school. Will they not, rather, improve the general tone of the work accomplished? Do they not have a broader and firmer foundation upon which to erect the super-structure of a thorough medical education than they otherwise would? It is not necessarily the subjects required here alone that is going to make the thorough and prosperous practitioner. It is one with some knowledge outside of just his medical information, and whose medical lore is not his intellectual all, that is the most apt to have the quickness of thought and the adaptability to cir-

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cumstances that is going to make the *successful* physician in every sense of that word.

We doubt whether many will deny that the sending out of a class of men of this stamp into the world, yearly, can have any other effect than that of raising the standard of the college, and a ten-fold increase, numerically, of each class, of men who will still further increase the already glorious results of homœopathy. '89.

American Society of Rational Practitioners.

THIRTEENTH ANNUAL SESSION, HELD NOVEMBER, 1886.

SECOND DAY—EVENING SESSION.

REPORTED BY WILLIAM OSBURY, M. D.

DR. ZACHARIAH KEENBOOBY described a new disease of the nervous system which he had been studying closely for some years, and to which he proposed to give the name "Lookatakia." This peculiar affection had been manifested probably in all ages, but never had he seen, even in the works of the astute German specialists, nor the writings of any other observers, mention made of it as a separate disease, which had its foundation in a degeneration of the nervous tissue.

He had observed symptoms of this abnormal condition in men, but had no opportunity to study their cases closely. Women seemed to be by far the most frequent victims, and he had made the most exhaustive notes on four cases of Lookatakia occurring in women. It had been his privilege to watch these cases professionally throughout, and when they died the pleasure was accorded him of making a post-mortem examination in each instance, greatly to his personal delight and, as he hoped, to the lasting benefit of science and mankind. He would refer later to the autopsies in sketching the cases; but would first present to the Society some remarks on the disease as it showed itself in life. He was not aware of any one having died of it, and did not consider it a fatal complaint. Every one of his patients to whom reference had been made died from entirely different causes.

Lookatakia exhibits itself in the following manner: A woman (perhaps in perfect health, apparently) walks into a grocery in the ordinary manner. She moves in a semi-abstracted way towards a box of raisins or small fruit or such articles. (He had observed that the motion towards these thing was almost invariably slow and hesitating and sideway.) She then slowly, but with the same abstracted air, raises her eyes until they come on a level with the grocer's face. If he is looking in her direction the attack may stop at this point, but as a rule it will continue when he is otherwise occupied, having been only interrupted by his observation. If the grocer be not watching the patient she is seized with a gradual contraction of the extensor muscles of the arm, forearm and hand, and this contraction continues until the fingers come in contact with the articles in question—say raisins. Then a different set of contractions are seen. The extensors relax and the flexors of the fingers, forearm and arm, in the order named, are brought into play till the morsel is placed within the circle of the orbicularis oris. The hand and arm after this seem to be free, but the muscular action is continued in the jaws and finally in the throat, for the morsel is chewed and swallowed slowly, and it is not until it has been consumed that the patient comes to herself and transacts her errand in the grocery.

He had thus pictured a typical case. A grocery was the place where the disease could best be studied and the summer months the best time. Then there were always quantities of small fruits and other portable goods in grocery stores, and the presence of these things in unprotected situations seemed in many cases to be the exciting cause of an attack. The disease may exhibit itself almost anywhere, however, and confectionery stores where small candies lay uncovered on counters were good places to observe it. It seemed to prevail in young children as well as in adults.

The autopsies had each shown a most singular lesion of the brain, which consisted of about a dozen small spots, hard and discolored, resem-

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bling freckles, and which were situated at irregular distances around the margin of the hippocampus major on the left side.

The distinguishing characteristics of Lookatakia were partial suspension of consciousness; automatic movements of the eyes; similar movements of the extensors of the upper extremity; of the flexors belonging to the same; of the mouth and jaws; and finally of the œsophagus. The four cases which Dr. Keenbooby had followed out fully all had retations who suffered from some form of nervous instability, as shown in the brief notes he had brought; from this he concluded that the disease was hereditary, if not in all cases certainly in his and probably in most. No doubt there was also a certain moral obliquity in such patients, which led them not merely to covet but to appropriate the property of others; but, after all, who could know that so-called moral obliquities were not derangements of the nervous system.

Case 1.—Mrs. Cornelia Mandragon, age forty-four, Spaniard, mother of seven children. She remembered nothing of her parents, but had an uncle with whom she had been brought up. This uncle was a person of a passionate and cruel disposition, who had beaten her unmercifully in her childhood, and who took great delight in tying up a large dog by the tail in such a position that he could kick the animal as a pastime. At other times he would hug the dog and cry over it in an ecstasy of affection. It is evident that his condition was abnormal, and therefore that Lookatakia was inherited in Case 1.

Mrs. Mandragon suffered from repeated attacks of this complaint for three years, and died of an accident. At the autopsy the organs of the thorax aud abdomen were found to be in sound condition, except that the heart, when pinched between the fingers, was somewhat harder than ordinary. There were a few patches of conjestion in the lower part of the spinal cord, which were probably the result of the accident which caused death. In the brain were found ten of the peculiar spots spoken of before like dark freckles, and they were located upon the left margin of the hippocampus major.

Case 2.—Miss Gertrude Dietenroffel, age forty-nine, German. Had one brother who died at an early age in an epileptic fit. Her father, while otherwise a healthy man, was given to abnormal outbreaks of irascibility whenever he was presented with a bill. If the bill happened to be a doctor's his condition was one of furious rage. At sixty he died from delirium tremens. With such an ancestor, it was perfectly natural that Case 2 should have been afflicted with Lookatakia or any other nervous derangement.

Miss Dietenroffel died of phthisis. The post-mortem examination of course showed the effects of consumption, and in addition were found thirteen of the characteristic freckles of Lookatakia along the left edge of the hippocampus.

Case 3.—Miss Josephine Purloiners, age 26, American. The grandfather of this lady died of apoplexy, and her mother was a martyr to neuralgia. The cause of her death was hemorrhage of the lungs, when she was apparently in good health. The autopsy revealed the brain freckles, like the others, to the number of eleven.

Case 4.—Mrs. Rachel O'Reily, age 38, Irish, married three times and the mother of twelve children. Both of this patient's parents were incurable dipsomaniacs, and one of her sisters was paralytic. She was much oftener affected with the attacks of Lookatakia than any one else observed, and the freckles on her hippocampus, seen after death, were of a double variety, each having somewhat the appearance of a dumb-bell. This patient died of inflammatory rheumatism, and owing to the superstitions of her relatives it was with difficulty that the doctor obtained permission to hold the post-mortem. It was a fact worth noting that two little daughters of Mrs. O'Reily, aged thirteen and ten respectively, had had unmistakable attacks of Lookatakia.

The doctor gave the few facts in these cases to show that heredity played an important part in the production of this disease, while age and nationality seemed to have no influence; that in all probability it was not fatal; and that it

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was associated with a distinct lesion of the brain in a definite location, as had been emphasized before.

With regard to treatment, Dr. Keenbooby doubted whether the spots in the brain could be cured when they had once developed, but he thought that active and frequent purgation, together with the use of emetics, would ward off a great many attacks which would otherwise come on in groceries and such places. He was having several pairs of inflexible iron gloves made of different sizes, which would make flexion of the fingers an impossibility. These gloves were to be used in inveterate cases.

In conclusion, the doctor wanted Lookatakia to be distinguished from kleptomania, in which the patient had a permanent and continual attraction for goods of all kinds, which were secreted and carried home.

When Dr. Keenbooby had finished speaking there was a warm and interesting discussion on the subject of his remarks.

Dr. Samuel Pikerly said with some heat that while he wished to extend every courtesy to investigators, he had with difficulty kept his seat when Dr. Keenbooby was up. It had been one of the greatest annoyances of his long professional life to see in medical journals and to hear at meetings like the present of all sorts of new diseases discovered by specialists and never observed by any one else. He had not failed to notice that specialists of the nervous system were the worst of the whole lot in this particular. The study of the nerves opened up a great deal of mystery and gave to gentlemen of an ingenious turn of mind a chance to air their theories and confuse others. For his part he did not intend to be confused; he believed there was a great deal of humbug in these things. There was the so-called dipsomania. He regarded this as old-fashioned people regarded it. Dipsomania was drunkenness, and nothing but a mean surrender to a degrading habit. He would go further, for he was disgusted, and say—using a phrase more common and forceful than polite—that a confirmed dipsomaniac was nothing more nor less than "a bummer." Then there was the poor kleptomaniac. A kleptomaniac was a thief. And now we are to have a sort of new variety of kleptomaniac and call him a Lookatakiac. Others may do as they pleased; he intended to look upon petty thieving as nothing but a breach of the eighth commandment by disreputable persons who were devoid of principle. If this sort of thing were to be countenanced by medical societies, every form of wickedness would in time be brought in as a separate nervous disease, from the grossest villainy to the meanest——

Here Dr. Pikerly was interrupted by cries of "order" and the President spoke.

He trusted the Doctor would remember that harmony was desirable. At these meetings of the Society it was proper for each member to bring forward his theories and the result of his observations. All such things would be adopted or rejected in time according to the degree of truth in them. He was sure Dr. Pikerly meant no reflection on Dr. Keenbooby, but it was better to avoid undue warmth and rabid vehement criticism. He could do no better than call the attention of members to the advice of a distinguished chairman on a similar occasion and say, "Let us adhere to the most genial phraseology."

Dr. Pikerly replied that he perfectly coincided with the President. He had about concluded his remarks when the President interrupted him. Before sitting down he wished to say that those remarks were intended to have a general and not a personal bearing.

Dr. Tickell D. Vullivar, the veteran gynæcologist from Porkville Corners, said he had observed the affection spoken of by Dr. Keenbooby, though he had never given a name to it. He gave the Doctor credit for his study and his autopsies, but he could not regard the lesions in the brain as anything important, or as being more than coincidences. He considered the brain as one of the most complicated and peculiar organs, and thought it was liable to have freckles on any part of it and yet be quite healthy. It was his opinion that the disorder under discussion was simply a neurosis. He had found it in his experience invariably associated with latero-flexion of the uterus, on which he believed it to depend.

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Dr. Keenbooby asked how this could be the cause when it showed itself in men?

Dr. Vullivar replied that he was not sure that such a neurosis did exist in men; if it did of course there must in them be a different cause, but when it occurred in women he believed it to have the cause he had stated.

After further discussion there was an adjournment till the next morning.

The report will be continued.

Enuresis.

A Paper Read Before the Society for Medico-Scientific Investigation, N. Y., December 5, 1886, with additions, by Prof. M. Deschere, M.D.

DURING infancy the urine and stool are discharged involuntarily up to the age of about twelve months. Then the anus gets gradually under the control of will-power, and the child announces its desire for an evacuation of the bowels. But the sphincter of the bladder remains uncontrolable for a longer time, and often the urine is voided even against the will of the child. This condition exists frequently up to the end of the second year or about the finishing of first dentition. If, however, it keeps on later, we must regard this to be pathological. The term enuresis, therefore, means a continuance of infantile relations between the bladder and sphincter, excluding malformations of the organs or other pathological states. Enfeebled constitution, due to scrofula, anæmia, rachitis, etc., has been regarded as a cause of enuresis; but this seems erroneous in most cases, as many otherwise strong and healthy children are victims of that weakness; and, *vice versa*, many of those presenting one of the above diatheses are not troubled in the least. I think, with Ultzmann, that Bretonneau, Trousseau and Desault are right to accept a simple want of normal balance between the powers of the body and of the neck of the bladder.

For the physiological interpretation of the mechanism of micturition we have to regard the bladder as a muscular sac of *unstriped* fibres, the only function of which consists in a simultaneous contraction for the purpose of expressing its contents.

The actual sphincter, which is but one (a separate internal sphincter does not exist according to accurate anatomical researches), is a *striated* muscle which contracts as well as relaxes by impulse of the will.

The nerves which come into play in the mechanism of urination are:

1. The *motory nerves* of the *sphincter*, which are derived from the *nervus pudendus*, from the anterior root of the third and fourth sacral nerves. The effect of cutting these is incontinence of urine as soon as the bladder is filled sufficiently to dilate the neck.

2. The *sensory nerves* of the *urethra* which stimulate the above by reflex action, pass into the spinal chord at the posterior roots of the third, fourth and fifth sacral nerves. The division of these nerves likewise causes incontinence.

3. From the *brain* fibres, pass through the *crura cerebri* and the anterior columns of the cord to the *motory fibres of the sphincter*.

4. In the same route we find the *inhibitory nerve-fibres* to the action of the sphincter.

5. Through the *spine* upwards to the *brain* we can trace the *sensory nerves* of the bladder and urethra, which convey to the organ of conception the knowledge about the bladder being filled.

Transverse section of the spinal cord, therefore, causes *retention of urine* with distention of the bladder, because the reflex action of the sphincter is increased, and the inhibitory nerve has lost its influence.

We thus see the presiding influence of the nervous system over micturition, and can well understand how, in abnormal conditions, a remedial influence will act curatively through the same agents.

Numerous theories of former times gave rise to the most absurd, sometimes most cruel treatment of enuresis; for instance: cauterizing the anterior portion of the urethra, so that the child would awake from the pain caused by the flow of the urine over the inflamed surface. Balsam Copaiva, Decoction of China, Sulphate of Zinc, Spanish fly applied to the spine, or Cantharides internally, ice-cold douches, etc. Curious pre-

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scriptions are found in old works; as, for instance: the pulverized inner coat of the stomach of a chicken, mixed with Ruta, Castoreum and Aloes. The ashes of a burnt hedgehog have been recommended by Montagnane in the eighteenth century. Iron, Strychnine, Bromide of Potassium, Electricity have been used with varying results. The panacea of the old school at present seems to be *Belladonna*.

The logic by which this drug has been arrived at is given by H. C. Wood in "A Treatise on Therapeutics, 1876; p. 232." "In Belladonna poisoning there is paralytic retention of urine, consequently in these cases of hyperæsthesia of the bladder-centres Belladonna is useful."

W. H. Day, in the second edition of his work on diseases of children, 1881, even speaks of blistering the sacrum in obstinate cases, and advocates the cauterization of the neck of the bladder either by the stick caustic or a solution of ten grains or even more to the ounce of water. He considers this treatment *very painful* (!) and not free from danger. But, gentlemen, it is *scientific* treatment of human beings, not cruelty to animals.

In this chaos of opinions theories and dabbling, it relieves one's heart and fills it with joy to be in possession of a method which gives clearly the why and when to use certain drugs in a condition, although not dangerous in itself, still of great annoyance to the patient and his surroundings, who constantly and urgently apply to the physician for relief.

I refer to the homœopathic method, of which I will give you my experience with the most efficacious drugs in enuresis.

A remedy which has given me excellent service is *Benzoic acid*, and I remember a case of a lad of fifteen years of age for whom I prescribed last summer. He is the son of wealthy parents, and having been constantly wetting the bed since his fifth year of age, when it remained after a severe cold, you may imagine that he has had all possible treatment, and the best of it. I was told that also a homœopathic physician had prescribed for him unsuccessfully. His symptoms were few, but one prominent feature was the *excessively strong odor of the urine*, so much so, that it was unbearable on lifting his bed clothes. This very symptom led me to prescribe Benzoic acid, ℞, a powder every night for a week, and to report after that. I never received a report, but when meeting the mother five months afterwards, she told me that there had been no need of a report, as the boy never wet the bed after having taken the third powder, nor did his urine smell in the least. This repulsive odor of the urine is my keynote for the selection of the drug.

Kreosote I have used in children according to Guernsey's indication, when they are difficult to awaken, and also when the patient dreams he is urinating in a decent manner while actually doing it in bed.

Belladonna I find rarely indicated; it is rather useful when there is constant dribbling of urine from over-distension of the bladder and *enuresis* attended with *profuse perspiration*. This symptom was disputed during the discussion following the reading of the paper, as a dry skin was considered characteristic of the drug. I may be allowed to say that perspiration is not excluded in Belladonna provings, and in connection with enuresis it is marked, and has been verified. The child always sleeps very restless, and the urine, when heated, almost invariably deposits a cloud of phosphates.

Of much more frequent use I consider *Cina*, and by no means in cases where the children are suffering from worms, but where they may present that nervous, irritable character, with picking at the nose and blue rings under the eyes, with capricious appetite and profuse urination day and night of a very yellow urine.

(*To be continued.*)

To the Editor of THE CHIRONIAN:

DEAR SIR—Should any one of the "governing faculty" of our college attend *all* the lectures down on the schedule (which do not conflict with each other) for one week; should he *do* this, I say, and if his reason were left him at the end of the week, he would, I am sure, take steps to call the faculty together and insist upon some change in the curriculum.

Only the student, who sits day in and day out

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week after week under the scattering fire of the different professors, can realize the confusion that is wrought in his mind by the conflicting opinions of these same professors. I cite only *one* of the many instances where two of our lecturers have and teach different views on the same subject, and give you (as they were given us) the comparative classifications of tumors :

PATHOLOGY'S TUMORS.

MALIGNANT AND NON-MALIGNANT; INNOCENT OR BENIGN; TRUE AND FALSE.

1. Analogous to embryonic tissue—*Sarcoma*.
   - *a*. Encephaloid.
   - *b*. Fascicular.
   - *c*. Myeloid (medullary).
   - *d*. Ossifying sarcoma.
   - *e*. Neuro-sarcoma (Glyoma of Virchow).
   - *f*. Angio-lithic (Psammoma).
   - *g*. Mucoid (net cell).
   - *h*. Lipomatous sarcoma.
   - *i*. Melanotic.
2. Analogous to connective tissue.
   - *a*. Myxoma (mucus).
   - *b*. Fibroma.
   - *c*. Lipoma.
   - *d*. Carcinoma.
   - *e*. Tubercles.
   - *f*. Syphilitic gommata.
   - *g*. Farcy buds.
3. Chondroma—cartilage.
4. Osteoma—bone tissue.
5. Myoma — Striated muscle tissue. / Nonstriated muscle tissue.
6. Neuroma — Medullary. / Fascicular.
7. Angioma—blood vessels.
8. Lymphatics — Lymphangioma. / Lymphadinoma.
9. Epithelial or epithelioid.
   - *a*. Epithelioma.
   - *b*. Papilloma.
   - *c*. Adenoma.
   - *d*. Cysts (other than retention.)
10. Mixed dermatoid cysts.

SURGERY'S TUMORS.

A.

INNOCENT OR HOMOLOGOUS NEOPLASMS.

1. Types of the higher forms of tissue.
   - *a*. Myomata—muscle.
   - *b*. Neuromata—nerve.
   - *c*. Angiomata—blood vessels.
2. Type of fully developed connective tissue.
   - *a*. Lipomata—adipose.
   - *b*. Fibromata—fibrous.
   - *c*. Myxomata—mucus.
   - *d*. Enchondromata—cartilage.
   - *e*. Osteomata—bone.
   - *f*. Lymphomata—lymphatics.
3. Type of fully developed epithelial tissue.
   - *a*. Papilloma and horny tumors of skin and mucous membrane.
   - *b*. Adenomata of gland.

B.

SARCOMATA.

Type of embryonic (semi-malignant) tissue.

Connective tissue.
- *a*. Spindle-celled sarcoma (recurrent fibroid).
- *b*. Giant-celled sarcoma (myeloid).
- *c*. Round-celled sarcoma (glioma).
- *d*. Lympho sarcoma (alreolar).

C.

CARCINOMATA.

Type of the embryonic tissues. Tendency to retrograde metamorphosis rather than higher development.

Epithelial tissue.
- *a*. Scirrhus.
- *b*. Encephaloid.
- *c*. Epithelioma.
- *d*. Melanotic.
- *e*. Colloid.
- *f*. Osteoid.
- *g*. Villous.

You might say, "Pay your money and take your choice," but you *can't*. A student must pay his money, take *both* of them, and, what is far more serious, *pass* both of them.

A student has some vague idea of this when he enters his second course, and he works *hard* in order that he may be able to pass his "pathology" tumors. Later on in the course, as he sees the effects of the "quiz," he loses this impression, and feels confident that before he comes up before "surgery" he will have *forgotten* his other tumors thoroughly. He *comes up* in his third year, glorying in the vain delusion that he *has* forgotten them, and is prepared to commit "surgery's" tumors to memory. How little does he know what lies before him. On the first day, perhaps, "Surgery" stands up in front of our friend, about one-quarter of an inch from him, points his finger at him until his hair stands on end and Capsicum chills chase each other up and down his back, and exclaims, "Now, sir, you tell me what is an Epulis?" Our friend feebly murmurs something about a Lymphangioma, and "Surgery" turns to the next corpse with a "*No, sir*," which convinces our friend that he never did, nor ever will, know *anything*.

And in this way the majority of the students are confused and bewildered, and leave college with only a vague idea of how they are to diagnose a tumor in the living body.

It seems to me that there is something *radically* wrong in all this, and that some change could be made of benefit (at least to the student). Either professors lecturing on the same subject should *agree* on that subject (at least when they put it before the students) or but *one* man should handle that subject.

STUDENT.

Excision of the Hip Joint.

OPERATION AT LAURA FRANKLIN HOSPITAL BY F. S. FULTON, M.D.

THE patient was a colored boy, aged 7, named Edward Brown. He was admitted to the hospital December 13, 1886, suffering from hip disease in its third stage. Both parents are living and are perfectly healthy; have one other child, who is also healthy. Eighteen months ago the boy fell down stairs, striking upon his left hip joint. No immediate injury

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resulted, but shortly after the boy complained of pain in the knee and hip, with stiffness and incapacity for motion. Last July abscesses formed and about six weeks before admission discharged externally through the left gluteal region anteriorly and a little above the gluteo-femoral fold. No treatment has been employed at any time during his sickness which, coupled with the rapidity with which degeneration and suppurative changes in the bony framework of the colored people usually advance, no doubt explains the shortness of the time in which such extensive structural alterations had been effected. Upon admission the patient was placed upon milk, eggs, farina and cod-liver oil as a diet and upon Calc. phos.[3] as a medicament. The wound was irrigated daily with a solution of Hydrogen peroxide. On January 11, 1887, excision of the hip was performed by Dr. Fred. S. Fulton, assisted by Drs. Geo. McDowell, Watts, Schumann and Fay.

A wire cuirass had previously been made by Messrs. Stohlmann, Pfarre & Co. for the reception of the little patient immediately after the operation. After being anæsthetized, the boy was turned upon the right side, exposing in full view the diseased and discharging hip, which was then thoroughly washed with hot water and soap. An incision like the italic *f* was then made, commencing about half way between the anterior spine of the illeum and the trochanter of the femur, and carried down over the posterior border of the great trochanter, and about two inches below it. The tissues were divided in the line of this incision completely to the bone, cutting through the thickened periosteum. There was comparatively little bleeding, only one or two ligatures being applied, pressure of the forceps being amply sufficient to arrest the remainder. The thickened periosteum was then, by means of the knife and periostetome, dissected and pushed back from the trochanter, in this way loosening the attachment of the muscles without cutting their tendons. When these had been dislodged so that the greater part of the trochanter was uncovered, the capsular ligament was freely laid open, cutting down directly upon the anterior upper portion of the neck of the femur. The head of the bone was discovered dislocated upward and backward upon the dorsum of the ilium, stretching the ligamentum teres to to its extreme. The periosteum, together with the capsular ligament, was then pushed back, the ligamentum teres put upon the stretch and severed with a pair of blunt curved scissors guided over the head of the bone. Then by forcibly grasping the leg and carrying it well over towards its fellow and backward, at the same time rotating the foot inward and forcibly elevating the whole, the head of the bone was dislodged from its seat and forced into the line of incision. It was then grasped by the bone forceps, the leg stretched, a chain saw upon a large needle passed under the neck and just above the trochanter minor, and the whole severed from the shaft of the bone. A few remaining attachments were then severed, when it was discovered that the shaft was not healthy. The periosteum was put down and bone removed in successive cuts until healthy tissue was reached. A very large dissecting abscess existed upon the anterior surface of the leg, which was opened by the handle of the scalpel, a long director pushed down to its lowest point, which reached nearly to the knee, a counter opening made for drainage and a seton introduced to insure its potency. This abscess discharged a large amount of offensive pus and coagulated blood. The wound and abscess were then thoroughly washed out with a solution of Hydrag. bichlor. 1 to 2000. The acetabulium was also found diseased in its centre with much softened tissue around it. This and the diseased bone was removed with the bone scoop. The diseased tissue in the wound and along the line of the sinuses was removed with the scissors until only healthy tissue could be detected. The wound was again thoroughly irrigated, its lower portion stitched together with deep sutures of silk-worm gut held by lead buttons, and its cutaneous edges with cat gut. The wound was then packed with marine lint soaked in Balsam of Peru, the whole covered with Bichloride of merc. gauze, and the patient placed in the cuirass, to which he was secured by bandages over the well leg, including a felt splint over the

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knee to prevent his raising it and shortening the leg. Strips of adhesive plaster were then placed upon the operated limb, carried above the knee and secured by a roller. The ends of the plaster projected down beyond the foot and were carried around the foot piece and secured, thus drawing the limb into proper position. Over the whole and around the cuirass was placed a flannel roller bandage. The patient's pulse flagged considerably during the operation, and brandy was administered several times by means of the hypodermic. About four inches of bone was removed. The anterior surface and spongy structure of the trochanter was extensively diseased. The head was denuded of its cartilage and eaten into by the ulcerative process. The patient rallied nicely from tne operation, and at present is doing well. He is much more comfortable than before the operation, his appetite is improved, the diarrhœa has left him and he looks brighter. His temperature has been about 99°, except the day after the operation, when it reached 100⅘°, which was reduced after the wound was dressed.

LYCOPUS VIRGINICUS is said to be an effectual antidote for reptile poisons, and a case is related where it proved efficacious in the case of a man suffering from the effects of the sting of a large centipede. Ordinary stimulants produced in this case no perceptible effects.

Tablespoonful doses were given hourly of a decoction of Lycopus-Virg. (bugle weed), the proportion of an ounce to the pint of water being used in the decoction. A little alcohol had been added to preserve it.

To the Editor of THE CHIRONIAN :

AS many of the graduates of our College read THE CHIRONIAN, the writer of this would respectfully submit to you a short history of the graduating classes from '74 to '87, which might be of interest to them by reminding them of their old college days.

Beginning with '74 there have occurred many changes in the Faculty, as well as many deaths among the graduates and professors.

The professor of chemistry, the well-known Dr. Avery, resigned from his chair at the end of this session, and the students of that time will remember the novel apparatus he used for demonstrating the generation of steam, with the aid of the small stove in the laboratory.

Another feature, and one of great moment, was the first proving of Picric acid by L. B. Couch, now at Nyack, N. Y. How the first victims, the dogs, deported themselves on the roofs of the college buildings, and when one dog jumped off, falling on the back of one of New York's "finest." What a rumpus the member of the force created when he found himself in the gutter in front of the college! Also how Mr. P. O'Reilly, nurse at that time in the Ophthalmic Hospital, suffered the consequences of the small doses applied to him. But he recovered, and says he will never take another dose of this now so well-known remedy.

Another event was a great wrestling match between B——n and G——e, where the latter was so duly ousted by the former that ever after there was peace when waiting for their turn while standing in line to pay their fees to the Dean on the lower floor of the college. There were several other great wrestling matches, but for the rest of the term victory clung to the first man who ever threw G——e.

Another item of interest was the escape of the colored man with the aneurism. He came to Prof. Helmuth's clinic with an aneurism in the popliteal space, and the Professor advocated digital compression. He was accordingly put in the ward—now the Students' Room of the college—and a number of students were appointed to compress the artery by pressing on it for ten minutes each for about thirty-six hours This was kept up for that length of time and the aneurism had disappeared. The next day Prof. Helmuth was going to show the cured patient before the class, when, lo and behold! our colored friend and brother had disappeared, having crawled through the fanlight over the doors, and has never been heard of since. The men who worked so hard and faithful during the long hours of the night felt rather disappointed when they could not show the result of their

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labor to the Professor and their fellow-students.

Dr. Boynton of this class, who used to assist Prof. Helmuth at the clinics, is now Professor of Ophthalmology at the Hom. Hospital and College for Women, surgeon to the Ophthalmic Hospital, and vice-president of the N. Y. County Medical Society. Dr. Rounds also is surgeon to the Ophthalmic Hospital. The first Faculty prize was awarded to R. M. Stone, the second to J. A. Adams. E. E. Case was president of the Hahnemannian Society, and M. W. Gallup secretary. Prof. Doughty was appointed to the chair of genito-urinary diseases, J. H. Thompson to the chair of minor surgery, and St. Clair Smith assistant to the chair of materia medica.

Enos Hall, the old colored janitor, who will be well remembered by this class, was reappointed by the Faculty to assist Prof. Carmichael in the dissections. No one will ever forget the old man, how faithfully he worked in the dissecting-room to prepare the subjects for the demonstrations in anatomy, how the juniors would go to him for information when they were "stuck" in their own work, and how he used to prepare the bones for them for their studies at home. He sometimes would get paid twice by the same student, as bones would be "mislaid" and sometimes lost altogether.

At the end of this term diplomas of the Hahnemannian Society were, for the first time, awarded to the graduates who were members of the Society.

'75. During this term very few incidents happened calling for special mention. Professor O'Connor was appointed to the chair of chemistry, and R. K. Valentine, then a student of this class, as demonstrator of anatomy. Dr. Valentine filled this position so satisfactorily that he kept this very interesting branch for four years.

Arthur Beach was elected President of the Hahnemannian Society and also received first Faculty prize, H. J. Anderson the second. Among this class we would mention Dr. Walter Bailey, Jr., of New Orleans; S. T. Barchet, who is again doing missionary as well as medical work in China; M. Deschere, for several years professor of histology and later filling the very important chair of pædology at our college; A. T. Sherman, now one of the editors of the *Minnesota Monthly*, not to forget Winans, better known as "Waxy"; Dr. Hartley, who composed that so often "howled" college song, "Ring the good old bell, Frank," etc., a song which gained great popularity among the students and which has never been excelled by any other writer of college songs in after years. Dr. Hartley will be remembered as the first medical student at this college who wore the shining beaver, so carefully brushed.

Among the more important operations performed before the class during this session by Professor Helmuth was the operation for cheiloplasty on a young girl who had complete anchylosis of the lower jaw, with large cicatrix from previous ulceration which arose probably from the injudicious use of mercury. The lady has an almost straight face now, with the exception of one corner of the mouth, which is a little drawn downward. She has married since, and is the mother of two handsome children.

ONE WHO WAS THERE.

Societies.

Hahnemannian Society.

THE January meeting of the Hahnemannian Society was held at the usual place on Wednesday evening, January 12th.

Meeting called to order at 8 P. M., President Watts in the chair.

New members were then admitted, after which came reading of the minutes of the preceding meeting, which were accepted, and roll call.

The following programme was then rendered:

Song by Quintette.

Paper, "Sketch of a Summer Trip in Europe," by Haviland, '88.

Solo with guitar accompaniment, by Kellogg.

Paper, "The Efficacy of Electrolysis in the Treatment of Organic Stricture of the Urethra," by E. S. Smith, '88.

Banjo selections, Jenkins.

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Report of an interesting case, by Jewett, '88.

Song by Quintette.

The classes then made following elections for quiz masters for ensuing month: Reëlection of Senior quiz masters in a body. Junior and Middle Class quiz masters were reëlected in a body, except Connell, who resigned, and Bennett was elected to fill the vacancy.

The motion for the amendment to the constitution, which was laid on the table at the previous meeting, was taken therefrom and passed.

Report of Treasurer read and accepted.

Solo by Platt, '88.

President Watts then announced the following committees for the Hahnemannian Commencement:

Arrangements.

President, *ex-officio.* CROOKS. NICHOLS.

Printing.

STEWART. MINTON. SMITH.

Diplomas.

STILWELL. HELMUTH. FAY.

Music.

KELLOGG. ADAMS. HOUGHTON.

Motion was made and passed to have the President appoint two more members to act on the Library Committee. He appointed Messrs. Kastendick, '88, and Wilcox, '89. Also W. H. Van Denburg as chairman of the committee, in place of W. W. Johnson, resigned.

A vote of thanks was tendered the gentlemen who contributed to the evening's entertainment.

Song by Quintette.

Informal reading of the minutes.

Roll call.

Duet by Platt and Kellogg.

Adjournment.

AT a special meeting of the Society, held Wednesday,-January 26th, a motion was made and passed empowering the Library Committee to use their discretion in the expenditure of funds for a reading-room. Adjourned.

C. A. WARD,
Secretary.

College Notes.

WHAT is a rigid os?

GENTLEMEN, I have a very full day before me.

"A REMINDER." Prof. Dillow has a quiz every Friday.

CHASE is assistant at the Ward's Island Hospital. Nurses, take our advice and beware.

THEY say that Kellogg is looking for some "New Material." We wonder if he has been successful.

PROF. MCDONALD said that Bleecker Bowen and Birdsall look a little like doctors. "Please excuse me."

JIMMY says the distal *extremity* of the penis is called the "head." Beats all how some men are up on anatomy.

WIGGINS is in daily receipt of newspaper advertisements promising a fine moustache within four weeks.

C. F. SNYDER, '87, is to take the practice of his preceptor, Dr. Pyle, of Jersey City. We wish him the best of success.

E. M. C. HALL, '83, and at present practicing in New Haven, was married to Miss Helen Rice of the same city last Wednesday.

T. S. TURNER, '79, formerly of Dayton, Ohio, is attending some of the lectures and renewing his acquaintance with his Alma Mater.

ALL the Seniors wonder what or who Prof. McDonald meant by his "Lame Ducks"; but rumor says he "takes in" the whole class.

WHAT is the difference between a Glyo-Sarcoma and a Sarco-Glyoma? Just the difference between reddish brown and brownish red.

STUDENTS not having beards are excluded from the operations at the Hahnemann Hospital. For further information apply to Minton, Adams and Fay.

STEWART, who has been confined at his home in Pennsylvania since before the holidays with a severe fit of illness, has once more returned to resume work. We all congratulate him on his full beard.

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WILLIS S. PUTNEY, '82, Milford, Ct., called at the college recently to get the names and addresses of his classmates for a Class supper this spring at Delmonico's.

To all *intents* and purposes our "*intense*" little professor *intends* to *intensify* his already "*intense*" course of lectures by terminating it *in* "*tense*" and "rigid" examinations.

W. B. MAYO, '77, of Northfield, Vt., is spending a few weeks in the city going round among the medical colleges and medical men. Dr. Mayo is the President of the State Society of Vermont.

THERE is no doubt but that the "Freshmen" are the worst card fiends that have ever been in college; the other night four of these "bold knights" were seen playing whist under a corner gas light.

A FAMILY in the eastern part of the city refused the medical advice of Minton and Montgomery, as they had a school-boy look. There must have been a mistake somewhere, for Montgomery's moustache is quite prominent now—in a good light.

ONE of the students has become so infatuated with Buffalo Bill's Wild West that he talks of nothing else, and is forever urging all his friends to attend. It is suspected that he is really an agent for Carter's Little Liver Pills.

IT has recently been discovered by one of our honored graduates, whose name is fondly cherished in the heart of every student, that the great difficulty in preventing the forceps from slipping is due to the fact that the child's head is coated with "meconium."

THE eagerness and zeal which some Juniors manifest in the study of the brain must be highly gratifying to the Professor, but when Sword began to prod the base of a fine brain with the carving knife, the Professor gently but firmly invited him to drop that knife and let the brain alone.

C. C. BOYLE, '77, has recently been appointed surgeon to the Ophthalmic Hospital, after serving for eight years as assistant. This honor was duly deserved. In the evening of the day of appointment he gave the staff of the hospital a supper, at which speeches and toasts were given to the new surgeon.

"STEVE," who has so faithfully served as nurse at the Hahnemann Hospital since he left our college as assistant janitor, has found employment at Prof. Helmuth's new hospital. "Steve" will be glad to see some of our students who remember him to call at the hospital, where he will be pleased to show them his collection of ovarian tumors, dried and mounted, collected since the new hospital was opened.

Practice For Sale.

AN excellent chance for a good homœopathic physician to engage at once a large practice. No homœopathic competition. No real estate to sell. Six hours ride from New York; three hours from Boston. Good office in residence. For particulars address

JAMES HALLOCK,
805 Broadway, N. Y.

Book Notice.

A System of Surgery. By Prof. WILLIAM TOD HELMUTH, M.D. Fifth edition; enlarged, rearranged, revised, many parts rewritten and much new matter added. Illustrated with 718 woodcuts. F. L. Boericke: Philadelphia, 1887. Sheep, large 8vo., pp. IIII.

THE fifth edition of this superb work comes to us in the neat and substantial form for which the publisher is so justly celebrated. To the homœopathic surgeon and to the homœopathic student of surgery it is a *sine qua non*. Every page shows the imprint of a master hand, and every subject is presented in the clear, concise manner of a practical teacher. Every new and commendable method of operation is graphically described and profusely illustrated, and each discoverer is given full credit, a courtesy that is too often omitted by medical authors.

The entire work shows patient, painstaking labor and diligent research.

It is a work that we, as homœopaths, may well be proud of, for we can consult its pages with the assurance that it is the best authority on surgery in our school.

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THE CHIRONIAN

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THE CHIRONIAN.

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All remittances by mail should be made to the Business Manager, at the College.

THE CHIRONIAN will be sent until ordered discontinued.

AT last we have a library. To be sure, the room is small and not well lighted; but the table is all that could be desired, the chairs are easy and the books are of the very best. The number of books at present is small, but there is a steady increase by gift and purchase, and the good work is well started.

IT may interest many readers of THE CHIRONIAN to know the ingredients of the well-known "Moxie's Nerve Food." The analysis of this preparation will be found in this number, and we are quite certain that even those who thought it a humbug will be surprised at the simplicity of its ingredients.

Its great success is due, no doubt, to its pleasant taste and seductive name.

AND now that we are speaking of a patent medicine, it seems to us appropriate to say a few words on the little Materia Medicas that some enterprising homœopathic pharmacists keep for distributing among the laity. They argue that they are doing homœopathy a great service by thus disseminating the indications for the most prominent remedies. From what we have seen, we think they do more harm to the cause than good. In several cases we have found families prejudiced against homœopathy because they had tried to prescribe as the "little book" said and failed, judging from that failure that there could be no virtue in homœopathy. An over-zealous friend is often as dangerous as an enemy.

WE have received notice of the death of a prominent homœopath, Dr. E. A. Lodge, of Detroit, Mich., one of the pioneers of our school in the West. In 1859 he established the first homœopathic pharmacy in this section of the country, in Detroit. He also published for more than twenty years the *American Homœopathic Observer.*

He was an earnest Christian man. A widow and eleven children mourn his death, and homœopathy loses an active worker.

Three of his sons, however, are physicians and his work will follow him.

He was born in London, Eng., May 6, 1822, and died in Detroit, January 25th last, from the result of a low form of fever contracted in the South.

WE notice with great regret that one of our contemporaries, in its issue for February, has published a review of "Helmuth's Surgery," which was evidently written by a small, aspiring correspondent to give vent to feelings anything but commendable.

The article in question shows unmistakable evidence of the author's ignorance of the subject on which he writes. It pains us more deeply as the writer of the article established the foundation of what little he knows of surgery under the teaching of our distinguished pro-

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fessor. Two unnecessary capital operations with two deaths, which are even now exciting comment anything but flattering to this aspirant, constitute nearly the sum total of his reputation as a surgeon.

More caution, more skill, and considerable more discretion in criticising your superiors, young man, and possibly you may reach a position which will fit you for usefulness as a minor surgeon.

*Notes from a Lecture on Phosphorus.**

BY PROF. T. F. ALLEN.

REPORTED BY E. S. SMITH, '88.

PHOSPHORUS is one of the inorganic elements of the body. It has some points in common with Sulphur. Really Phosphorus is most like Arsenic in its action on the body. The mucous membranes of the mouth, throat and stomach are affected. Violent gastritis, and enteritis attended with hemorrhages. Diarrhœa with loss of blood. Vomiting with bleeding. It may be almost classed among the hemorrhagic group. Everywhere we find hemorrhage. In this respect it more closely resembles the poisoning of the serpent than any other drug. The jaundiced hue of the skin, etc., are wonderfully like the serpent poison. It causes the most horrible death in poisoning. In cases of poisoning it causes a breaking down of all the tissues of the body, beginning with the blood. There is acute nephritis with discharge of blood. Its more remote effects are those of general breaking down of tissue. Fatty degeneration it produces most profoundly. Fatty degeneration in several organs, especially of the heart. This is seen in muscles other than the heart; also in the spinal cord and liver. There is loss of muscular power. Another characteristic in cases of chronic poisoning is inflammation of the sheath of the nerves. Acute myelitis. Also inflammation of the brain tissue. It causes extensive hemorrhage into the sheath of the spinal cord, and fatty degeneration of vessels with hemorrhage.

* These notes have not been revised by Professor Allen.

There is a form of inflammation of the retina which occurs in children of consanguineous marriages. The retina instead of developing undergoes metamorphosis. Pigment is deposited in the granular layers of the retina. This is pigmentary degeneration of the retina, *retinitis pigmentosa*. This condition is not an extravasation of the blood, though there are also extravasations in Phosphorus poisoning. The symtom is that in the latter part of the day, about 4 P. M., the patient is seized with blindness. Pigmentary degeneration is also arrested by Lycopodium.

A Phosphorus patient, or a person under the influence of Phosphorus, may at first have a little stimulation. This is followed in a week or so by weakness and exhaustion and no energy in the morning. All these symptoms follow a long-continued use of Phosphorus.

SYMPTOMATOLOGY.

Mental.—One general condition which is presented is that of apathy. The patient finds it extremely difficult to keep his thoughts on anything. Mental fatigue, difficulty in using the mind, loss of memory, slow flow of ideas, disinclination to study. The patient is depressed in mind, has a form of melancholia. With this there is general physical fatigue. The patient does not want to make any movement on account of dead tiredness. It is useful after continued great mental exertion in professional men. You should distinguish between Phosphorus and Nux.

Nux is a remedy for persons who have been undergoing a mental strain, as after speaking in public. Exhaustion follows, and nerve irritability, and mental excitement. Also a condition of depression as well. It is difficult to concentrate the mind upon one object. Such a condition may give rise to attacks of indigestion.

In Phosphorus there is a low type of delirium. Low type of typhoid, with tendency to hemorrhages of the bowels, with mental condition of great apathy. The patient is unwilling to talk, and answers slowly. A sluggish, stupid state. It is indicated in persons who are sick with various diseases, but who exhibit this condition

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of intellectual stupor; as in diseases of the kidneys, heart, etc.

Head.—Heavy pressing dullness of the head. The forehead is chiefly affected.

Eyes.—There are two conditions in which we find Phosphorus very valuable.

1st. In progressive cataract, especially early in the disease, when we find heaviness, stupor and other symptoms of Phosphorus. Mental and nervous prostration, and degeneration of the lens. One symptom on which I rely in these cases is that letters appear red, or blood red.

2d. A condition of degeneration of the optic nerve, or gray atrophy. The patient gradually loses vision. This condition does not arise from the abuse of alcohol, tobacco, or tea, but from a long over-wrought nervous system. The indication is that objects have a halo or cloudiness about them by candle light. A green halo about objects. Marked atrophy of the optic nerve which occurs in students. In gray atrophy there is no thickening of the nerve sheath. This latter condition calls for preparations of lead, which produce sclerosis of the nerve sheath. Here there is no disease of the axis cylinder.

Nux or strychnia is the remedy in the other school for atrophy from the abuse of tobacco. I must say that I have been disappointed in the use of Nux in atrophy of the optic nerve. I doubt whether one case in fifty is benefited by Nux, but a much larger number are benefited by Phosphorus. In atrophy of the optic nerve from tobacco the remedy is Arsenic.

Ear.—Difficulty of hearing. Re-echoing of sounds in the ear. Some forms of atrophy of the auditory nerve.

Nose.—Workers in match factories have necrosis of the jaw. If there is a bad tooth, decay of the bones of the nose goes on rapidly. The local effects of the fumes of Phosphorus are supposed to cause necrosis in workers in Phosphorous, but we have found necrosis of other bones, as the tibia, in cases of Phosphorus poisoning. We can class Phosphorus with Mercury and Arsenic, all which produce decay of bones. Phosphorus has no relation to the Syphilitic necrosis of bone.

Ozena, or ulceration of the nose, with stoppage, hemorrhage and offensive odor. Acute symptoms of ulceration of the nostrils due to the effect of the drug on the mucous membrane. Forms of disease associated with periostitis, swelling and bad odor. In this respect it resembles Aurum. Hemorrhage of a dark color, not the active type. Mucous membrane swollen and dry. Ozena accompanied by a slow type of fever.

Face.—The Phosphorus patient is very apt to have a yellow, pale, sunken face. Icteric hue from hepatic troubles which this drug causes.

Stomach.—A peculiarity about the gastric symptoms is that while there is lack of thirst in the Phosphorus fever, yet with symptoms of inflammation of the stomach there is intense thirst. As soon as the water in the stomach gets warm vomiting occurs, or there is increased distress in the stomach. Vomiting of dark grumous blood. I have seen cases of cancer of the pylorus, with vomiting of blood, burning and distress in the stomach, relieved by high potencies of Phosphorus, so that life was rendered even comfortable, until patient lost strengh little by little, and death ensued. It is unnecessary to use Morphia here. Phosphorous will cure irritable ulcers of the stomach. All sorts of gastritis. One symptom of especial value is the peculiar thirst.

Liver.—Acute yellow atrophy may be set down as one of the effects of Phosphorous poisoning. It is a remedy for acute hepatitis (not the Bryonia condition). There is a tendency to the development of abscess. If you find patients who have had symptoms of hepatitis for some time, dark urine, hemorrhage from the stomach and bowels, you will prescribe Phosphorus. These cases are rare. It is of great service in certain forms of disease of the liver in beer drinkers, especially in enlarged liver in beer drinkers.

Abdomen.—Soreness, pain and the general symptoms of enteritis. Burning in the anus.

The diarrhœa is painless. We may have pain in the abdomen and intestines, but no pain on evacuation. Discharge of liquid fæces or blood. Great exhaustion and prostration. Loss of

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power of the sphincter ani. The stools may even be involuntary. This seen in low types of fever, with mental apathy.

Diarrhœa not so violent and not accompanied by a low type of fever.

Diarrhœa gray in color.

Drops which look like grains of tallow or rice appear in the stool.

Diarrhœa in old people, almost involuntary, especially if there is no thirst.

The moment anything enters the rectum the patient must go to stool.

Dystenteric stool, discharge of pure blood, with great intolerance of any stool in lower bowel.

Kidneys.—There is a marked nephritis, as marked as any drug, not excepting Mercurius corrisivus.

Phosphorus is characterized by profuse discharge of blood from the kidneys. There is some rise in temperature; not much pain; no thirst; sallow complexion, and general disposition to torpor. Generally aggravated from excitement and motion.

It lacks all of the burning pain of Mercurius corrisivus. With this drug there is always more or less pressure in the back. Tenesmus is very great. There may be bleeding, but this is the result of violent straining.

The hæmaturia of Phosphorus is dark colored, sometimes grumous.

There is another remedy which is indicated in acute inflammation of the kidney with hemorrhages, and that is Terebinth. This is very common in the South in workers in turpentine. It is characterized by severe pain over the kidneys and discharge of bright red blood.

There is another remedy characterized by hemorrhage from the urinary tract, not so much from the kidneys as the bladder, and that is Erigeron. ℞ Oil of Erigeron 1 c.

It is a remedy of extreme value in hemorrhages from the pelvic viscera, where the hemorrhage is of a bright character and atonic nature.

The nephritis of Phosphorus is a parenchymatous nephritis characterized by the discharge of thick casts. (?) The urine is turbid when not bloody. There is loss of elasticity of the bladder and the urine becomes ammoniacal, perhaps a tendency to paralysis.

Male sexual.—We find here a very marked action of Phosphorus. When taken in small doses of $\frac{1}{100}$ of a grain by healthy people Phosphorus causes increased sexual desire. But this is followed after two or three weeks by the opposite—the reaction, loss of sexual desire, seminal discharges and feeble erections. When the sexual organs themselves seem to have lost power, the nervous system seems to be in continual excitement. The desire continues longer than he has the power to gratify the desire.

Sexual desire, fancies and dreams, without any power of erection, and with involuntary discharges of semen. This is Phosphorus and Phosphoric acid. Sexual dreams with emissions during sleep. This in direct contrast to a condition which requires Agnus castus. Here there is a cold condition of the organs; the penis is relaxed, and there is complete indifference to all sexual things.

There is a remedy which may remind you of Phosphorus, and that is Petroselinum.

In this drug the penis is intolerably sore and burning. There is chordee. In seminal emissions it is of great value. The patient may have repeated erections at night. He will have an emission after connection has taken place. Such a patient should be advised to have connection only in the morning. It is well to advise men who are sexually weak to have connection only in the morning. So also with brain workers.

Female sexual.—Easy hemorrhage from the womb, and even from the vagina. This comes from a low state; a condition of atony. There may be new growths. The blood is not excessive in amount. The hemorrhage may go on for weeks. Constant dribbling of dark, venous blood. Menstruation is prone to come on too early. The aggregate amount of blood lost in the whole time is greater than normal.

You will find Phosphorus indicated in small vascular growths. Sometimes you will cure this tendency permanently. From Calcarea Phosphorica I think I have seen two or three cures of small cauliflower growths.

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Lungs.—Tuberculosis is very apt to develop in the progress of necrosis of the jaw. Also pleuro-pneumonia.

Acetic acid will also produce tuberculosis, perhaps by producing a condition of profound anæmia.

Respiratory tract.—In the larynx we have sub-acute laryngitis. Great hoarseness, or even loss of voice. The characteristic is a hoarse, rough voice.

The cough arises from irritation in the trachea, caused by tickling. The expectoration is not very free. Not accompanied by much soreness. It follows very well after Belladonna. Belladonna relieves the acute symptoms of soreness and fever, and tenderness externally; but the voice often remains hoarse and rough, and not much expectoration. Phosphorus will complete the cure. Do not combine the two. You will cure quicker by *following* Belladonna with Phosphorus.

In the chest the characteristic symptom is oppression, heavy weight, and load on breathing and coughing. This feeling of weight and oppression is not necessarily caused by any congestion in the chest. (Calcarea and Aconite are indicated in congestion.) We find this same oppression in spinal anæmia. Even in pneumonia I think the feeling of oppression arises from nervous exhaustion.

The chest troubles of Phosphorus are not acute but sub-acute. Very rarely you will find Phosphorus indicated in the first stage of pneumonia; if you do the prognosis is grave. Better here examine the urine to see if the patient has not albuminuria. In the beginning of pneumonia give Aconite, etc., as indicated. After passing that stage, when the fever has gone down, rather weak pulse and difficult breathing; then is the time for Phosphorus.

Phosphorus produces pleuro-pneumonia. It is one of the few drugs which has been known to produce hepatization of the lungs. Persons suffering from long Phosphorus poisoning will have tuberculosis.

Heart.—Weak, soft (?) pulse.

Nervous system.—Phosphorus produces first anæmia of the nerve centers generally—not spastic contraction of the blood-vessels, as in Ergot or Nicotine. In Phosphorus it is better called mal-nutrition. The nerve cells do not appropriate the pabulum furnished them. The whole nervous system becomes weak. The muscles become weak. The patients do not wish to make any exertion.

Mental operations are carried on slowly. Finally there is numbness (of the limbs?) and softening of the nerve centres. Myelitis often characterized by hemorrhages in the nerve sheaths.

Intense burning pain in the spine between the scapulæ. In the dorsal region the spinous processes become extremely sensitive. In this respect like Conium. There are no two drugs more alike in their action on nerve cells than Phosphorus and Conium. Both are death and destruction. Both remedies have cured paralysis consequent on spinal disease.

Incipient sclerosis has been cured by Quinine.

Extremities.—Patients may complain that the fingers feel like thumbs. Extremities feel as though going asleep.

Fever.—The fever of Phosphorus is characterized—

1st. By its low type—adynamic.

2d. By its lack of thirst.

3d. By its periodicity in the afternoon, four or five o'clock.

4th. By its sleepiness.

It is difficult to distinguish between Phosphorus and Apis.

The Apis fever is worse toward night. No thirst, and is characterized by sleepiness.

I have one pretty general rule to distinguish between the two drugs.

The Apis patient has, as a rule, a puffy complexion and bright red mucous membranes. The fever is generally characterized by a pretty bright color of the face, and the pulse is pretty full and hard, except in diphtheria, where it may be soft.

Phosphorus has yellow colored skin, general apathy, lips pale, possibly bloodless; generally more or less hemorrhage.

In nine-tenths of the remittent fevers requiring Phosphorus you will get hemorrhages.

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Editors of CHIRONIAN:

PROF. HELMUTH used to say, when I sat under his teachings, "Do not forget in examination for evidences of syphilis to apply Ricord's maxim 'Interrogate the glands.'" The answers to such interrogations being always truthful, whether the patient lies or not.

In these days of positive methods in diagnosis, and in the interest of these methods, I say to the general practitioner, *Interrogate the stools* in all or most cases of chronic diseases, and especially if there is loss of function or disease of any of the organs of digestion.

You may find an explanation of repeated attacks of colic in the patient's brain, or rather lack of brain, in eating absolutely indigestible food, or you may find that proper foods are not well masticated, and may cause irritation more or less severe.

Again you may find evidence of disease or loss of function of the stomach. Tarry masses in the stools in hemorrhage from stomach, as in ulceration or cancer, or in disease of the liver also. Here, too, we may find gall stones or evidence of excess or absence of bile. In diseases of the pancreas we get fatty masses in the stools, and in diseases of the intestines, acute and chronic, we get most valuable answers to our interrogations.

We may find some obscure cases of "dyspepsia" cleared up by such interrogations. I have in three cases recently been able to locate disease of the colon, which I think merits more extended notice. My patients complained of passing shreddy masses. I gave an enæma which emptied the rectum, and followed it by a large enæma, intending to fill the descending colon. In expelling this my patients passed a large quantity of membranous masses, in some cases several inches in length, and bloody, purulent-looking debris. The diagnosis was membranous diarrhœa, as described by Da Costa (membranous enteritis of some writers) with probable ulceration and thickening of the colon.

Last but not least, you get valuable information of that hitherto neglected, but now much attended organ, the rectum.

In closing, I will say not alone in diagnosis is such a means of examination valuable. It also furnishes valuable aid in prescribing food and drugs, especially for children.

Interrogate the stools, and, too, interrogate all the important organs in every serious case of disease; and all disease is serious, at least to the patient.

C. P. HOLDEN, '80.

THE Chinese are said to possess a local anæsthetic which in its way is a rival of cocaine. The chief ingredients, so the Chinese surgeons say, is "frog-eye juice." Perhaps some of our "Thesis writers" will give us a proving of the substance.

ANISIC acid (obtained by oxidation of the oil of anise) is suggested as an antiseptic in surgery.

Anæsthesia.

TO an onlooker at an operation the giving of an anæsthetic is apparently a very easy matter. To hold a cone over a patient's face and occasionally pour some ether into it is certainly no task. The real facts of the case are, however, that it is never a very pleasant and sometimes not an easy matter. The assistant who administers the anæsthetic must attend carefully to the condition of the patient, watching for shock and all changes in the pulse, and so his responsibility is next that of the chief operator, while he has, as you might say, little of the fun of an operator.

The anæsthetics at present in general use are ether, chloroform and nitrious oxide. I do not propose to discuss the applicability of each, and shall confine what I have to say chiefly to ether.

Nitrous oxide gas is used very largely by dentists and for short operations, though there seems to be a tendency at present to use it for longer operations. Dr. Macdonald reports an ovariotomy of two and one-half (2½) hours' duration with its use, and other surgeons report operations of two hours' duration. It is especially adaped to ovariotomies for one reason—

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the absence of vomiting after its use. A few whiffs of fresh air restore the patient from insensibility to consciousness. Patients are very apt to dream while under the influence of this gas, and so, if administered to a female patient, one would better have an assistant who can swear, if necessary, that no undue liberties have been taken.

Chloroform is much less used in this country than abroad, and is certainly the most dangerous anæsthetic. To administer it to a person sitting upright, as in a dentist's chair, is little less than criminal. Given in this way it has more than once caused death. Recently I have had under my care a patient who barely escaped death from that manner of administering this anæsthetic. For months after, whenever exposed to the vapor of chloroform, even if as far away as the next room, she would be seized with attacks of faintness, from which she recovered with considerable difficulty.

The easiest way to give chloroform is on a piece of lint or a towel held about three (3) inches from the face at first, and afterwards brought to within an inch, but *never* allowed to *touch* the face or to be brought in such a position as to exclude the air. In giving chloroform one should watch very closely the pulse, as the chief danger lies in heart failure. It is because of this danger that the anæsthetic should never be given to a person sitting upright, or should the person be raised upright while under its influence. Frequently patients who are to take ether say to me that they are afraid they shall give trouble, for they have taken chloroform and it affected them badly. Inquiry develops the fact that it is generally for having a tooth extracted or some similar operation done in an upright position.

In the administration of an anæsthetic a certain preparatory treatment must be gone through with. Suppose the anæsthetic to be administered early in the afternoon, the patient should have a good, free movement of the bowels that morning, should have a light breakfast and at about 11 A. M. a cup of beef tea, which is, as a rule, all absorbed before the time of the operation. Nothing is left in the stomach to excite vomiting or to do any harm by choking if vomiting occurs, yet the system is not faint from want of nutritive material. Some advise thirty grains of bromide an hour before the time. I think this more liable to do harm than good. A hypodermic of one-eighth ($\frac{1}{8}$) grain morphine with one-one-hundredth-and-fiftieth ($\frac{1}{150}$) grain atropine will serve to destroy shock, quiet the patient beforehand and, in long operations, act as a good cardiac stimulant.

When about to give the anæsthetic loosen the clothing around the neck and chest, insist upon the removal of all false teeth, pour a small quantity of the ether into the cone, place the cone over the nose and mouth (not too closely, allow some air), and tell the patient to take long breaths. Just here it may be well to say a word about cones. The ordinary towel cone wastes considerable ether, but will answer every purpose and, in the long run, comes to supplant almost any patent form. A towel cone is easily made as follows: Fold a stiff newspaper longitudinally into a strip six to eight (6–8) inches wide; place this on a towel six to eight (6–8) inches from its edge parallel to its longest diameter, fold the towel once over the paper, secure with pins; now double the strip thus formed upon itself enough times to make the cone sufficiently large to fit over the nose and chin; secure with pins. The part of the towel without newspaper left at the top should be neatly folded over on to one side and pinned, making thus a top for the cone. Place a little cotton in the bottom of the cone.

By giving your patients air at first and not too quickly forcing the full amount of the ether into them many of the unpleasant features of the stage of excitement can be avoided. With a little care one can get rid of them entirely in ordinary cases. Excessively high-strung nervous women will have a vigorous stage of excitement despite your best efforts, as will also large, full-blooded men, especially if used to much alcohol. These latter take a large amount of ether, get very red in the face and secrete much mucus in their air passages. Sometimes it is almost impossible to get very large, strong men under its influence enough to keep them quiet. I have

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held some of them on the table by means of their head under my arm while giving them all the ether possible; they meanwhile were snoring and were completely unconscious. After the first stage of excitement there is one of "cerebral unconsciousness" ("primary anæsthesia," as some call it), in which more or less extensive manipulating may be done. The patient at this time has full control of his voluntary and reflex muscles, but remembers nothing. Recently in this stage a sound was passed on a young man, he raised himself up, attempted to take the sound and said, "Doctor, do n't do it yet! That hurts! I am not ready!" He remembered neither the pain nor what he said.

Very often after a little of the anæsthetic has been given the patient will stop breathing, being partly conscious of what is going on. There is nothing alarming in this fact; keep right on with the ether; encourage them to breathe deeply, at the same time taking a long, audible breath yourself. If this does not avail you can resort to artificial respiration by forcing the air out from the chest. As they go more and more under the anæsthetic they will lose control over their breathing and breathe regularly without any trouble. One must watch always for the first traces of cyanosis. If the face becomes congested and the lips blue there is trouble ahead; remove the cone, seize the lower jaw, and with the thumbs on the symphesis force open the mouth and, if necessary, pull the tongue forward. Directly the patient will give a long gasp and go on again all right. Some very highly nervous women will stop breathing and become blue in a very few seconds. When the patient is fully under the influence of the ether there is not the danger of this spasmodic action, but a different one, that of stopping the breathing by pushing the anæsthetic too far. Snoring is a sign that the patient is well under its influence.

When the lips flap heavily a snoring sound comes from the throat, the epigastrium labors markedly, and the chest exerts itself; then a profound narcosis has been established, it is not safe to push the ether further, the patient needs air. If you should ever be so unfortunate as to push it further and respiration stops, let everything else go and attempt to restore the breathing by every possible means. Rubbing, stimulation, slapping, artificial respiration, use of bellows to inflate the lungs, electricity, etc., all should be tried. Always have, ready filled at your side, a hypodermic of brandy. Some always have a bottle of amyl nitrite and an electric battery as well. The amyl nitrite is a very diffusible drug, while a hypodermic of brandy is a very quick stimulant. A very good way of using the battery is as follows: Use a Faradic battery, apply the positive pole over the sternum or epigastrium. Have the pole as large as possible. The place for the negative is on the neck posterior to the sterno-mostoid. This pole is more effective if broad and flat. Apply the current for two (2) seconds, then take it off two (2) seconds. Do not get the pole on the stomach too low. Do not cease your efforts in apparently hopeless cases for three or four hours.

After having put the patient fully under the anæsthetic (the conjunctiva being insensible and muscles lax) he is ready for the operator and you have only to watch his pulse and breathing. After having given ether a number of times, you will be able to tell by the feeling of the pulse how far under the patient is. When deeply so, the pulse is soft, and small, when less so, fuller and harder. Again, the noise made by the patient is a guide; if snoring, then there is ether enough, but if more of a cry or groan then more ether is needed. During the last half of a long operation, the patient will be quiet and give you no trouble. If when the patient is lying quietly, perhaps rolling his eyes, suddenly a convulsive movement seizes the abdomen, you may know that vomiting is imminent, and must be checked by crowding the ether. This is always promptly effective.

When coming out of the ether patients are almost sure to vomit more or less. As a vomiting remedy Nux Vom. I find the best. Verat, Alb. Ars., Ipecac, Cocculus, Ant. Tart. are also useful. Strong coffee will sometimes work well, and small pieces of ice are always grateful. Repeated deep inspirations help get the ether out of the system and so relieve the vomiting. Sips of hot water are useful in some cases.

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When a patient is going under the ether, and also when coming out, one must be prepared for almost any act or remark. Patients will pat you on the cheek, ask you to kiss them, laugh, cry or sometimes talk incessantly. One young man I remember, when coming to himself cried so for his "mamma" as to disturb the whole house. Another patient, a lady, insisted upon singing and screaming as loud as she was able. When told to be quiet she replied, "Go to thunder! I won't be quiet."

In cases where the breathing space of the lungs are encroached upon, one must be careful of the anæsthetic. Also in cases of dyspnœa, when the voluntary muscles had been obliged to aid the involuntary, for if the action of the voluntary muscles be done away with, the breathing may stop forever. Ether affects primarily the respiratory centres, and so may be given with comparative safety in cases of heart disease. In fact, if an operation must be done, it is much safer to do it with than without the anæsthetic.

The average time required to put a person under ether is about eight (8) or ten (10) minutes.

S. H. KNIGHT, M.D.,
Helmuth House.

Prof. Helmuth's Sunday Lecture.

THE college amphitheatre was crowded on Sunday afternoon last (13th inst.) by a large and intelligent audience who had gathered there to listen to Prof. Helmuth's annual "Sunday Lecture" to the students. Apparently not a student was absent, and many elegantly dressed ladies were noticeable throughout the audience. A large and beautiful bouquet of cut flowers stood upon the table. The professor entered promptly at 4 o'clock, and upon his being introduced by Mr. Watts, President of Hahnemannian Society, he was greeted by the hearty applause to which he has long since become accustomed in this the room where many successive classes have listened not only to his "Sunday Lectures"—which are always intensely interesting and instructive—but also to the regular course of instruction in surgery, and we believe it may be truthfully said that very few, if any, of the many hundreds who have listened to his voice as students, and who have carried away with them the essence of his knowledge, have bid adieu to this portion of their college life without regret, so great is this teacher's magnetism, so uniform his kindness and consideration for even the least of his class. The "Sunday Lecture" has now come to be a fixed institution in our college course, and the students look forward to it from year to year with a pleasure which marks unerringly the profound affection they bear for their professor and friend.

The somewhat novel custom of delivering a Sunday lecture to the students came about in this way: Eleven years ago whilst in the midst of an interesting lecture in the class-room, the "bell" suddenly announced that the hour for the lecture in surgery had expired and the professor, turning to the class said: "I will continue this subject to-morrow, gentlemen;" but as the day happened to be *Saturday*, this remark caused a smile to go round the class, which, however, did not pass unperceived by the professor who, not wishing to be outdone, turned again as he passed out of the room and said, "Gentlemen, I have said I would continue this subject to-morrow, and I mean to do so at four o'clock." The next day the entire class was present and so was Professor Helmuth, and the first of this remarkable series of lectures was delivered. Since that time the students expect to hear the annual lecture, and when the time comes round a committee of students is formed whose duty it is to call upon the lecturer to solicit his indulgence "just once more." The custom is certainly a very pretty one as well as highly enjoyable and instructive, and we hope that, for the benefit of those who are to follow us, it may not be abandoned.

We print a few of the many valuable hints dropped by the lecturer who began by dividing the physician's work into two grand divisions, "The knowledge of it and the wisdom of it," the former to be gained in a large measure in college and the latter out of college after the student had received his diploma, which was his

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"baptism into a new life." Egotism, he said, was the obstacle to knowledge and was the natural offspring of ignorance, and that the world estimates the doctor at his actual knowledge and not at what he thinks he knows, and does it too with a remarkable degree of accuracy, and "as a cannon should weigh a hundred times more than its shot, so should a man's wisdom and reputation be one hundred times greater than his utterances." . . . "The practice of medicine is uncertain and in it there is no royal road to eminence; the astronomer can make his calculations even to the minute, the navigator on the water can sail steadily onward and direct his vessel to its haven without a single deviation, but the doctor, owing to there being no fixed law or formula to meet the demands set up by the many grades and classes of individuals and their many idiosyncrasies cannot produce results as exact, yet the law of *Similia Similibus Curantur* brings us nearer to true exactness by proving upon the masses, but a law governing dose as to potency is highly impracticable, if not absolutely impossible, as applied to general practice. Touching upon medical culture he warned his hearers that, "Too much medical knowledge and no common sense may make a man a fool, and too much common sense and no medical knowledge may make a man a knave," and that it is not, by any means, the highly educated physician who is always the most successful, but the one who knows best how to use his knowledge," etc., etc. After speaking for more than an hour, during the whole of which the audience manifested the deepest interest, the speaker closed by saying: "My best advice to you is *be square*. This is my motto to you, WAIT—BE SQUARE. Remember it when I am gone and remember where you heard it." S.

THE profound research in anatomy carried on by the Freshmen is really surprising. One of them discovered a new muscle not described in Gray, and the professor gave it the name of "Honan's" muscle in honor of the discoverer.

American Society of Rational Practitioners.

THIRTEENTH ANNUAL SESSION, HELD NOVEMBER, 1886.

THIRD DAY—MORNING SESSION.

REPORTED BY WILLIAM OSBURY, M. D.

THE President called attention to the fact that the rules of the Society prescribed three days as the limit for each meeting. As he had taken to himself the pleasure of inviting the members to a dinner to be given that evening, he suggested that the present sitting be a little more prolonged than the previous ones, for he knew there were yet several important and instructive papers and matters to be brought before them. It gave him disappointment to feel that there was not time left for full justice to be done to every one, but as the rules had set a limit to the duration of meetings (doubtless in regard for the convenience of the majority) there was nothing left for them but to acquiesce. He therefore requested that those who had anything to communicate would bring their subjects with brevity, so that as many as possible could be heard. He also thought it best not to use up any moments in discussion, and ordered that all the subjects which would have to be curtailed or left out should be fully published hereafter in the journal of the Society.

Dr. Mary Zorita Jane De Gilzal Boldie read a paper entitled "The development and evolution of the biologic cycle as a factor in progressive hyperplasia, considered separately from the transposition of primitive cells under the effect of molecular energy; together with data probably establishing the theory of cerebral vibration in the higher education of woman."

Dr. Boldie's arguments were massive and intricate, and for the most part supported by the authority of some of the renowned modern writers on medical subjects. She endeavored to establish the following points:

That hyperplasia, when progressive, was merely a deviation in the trend of evolution

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acting according to biological laws and causing vibratory projections which held the normal tendency of the cycle in suspension.

That molecular energy when exerted in a definite sequence was in itself a modifying element, which found ultimate resistance in protoplasm and reacted on the same, the final outcome of which was apparent in the relative position of primitive cells, whether the latter were fully formed or undergoing modification toward the final point of perfection or intermittent retrogression.

That these two states—namely, of hyperplasia and the transposition of primitive cells—were essentially different, though not apparently dissimilar which viewed in some of their more superficial processes and ultimate metabolisms.

That the apparent instability in the economy of woman observed in the present epoch, was due to the unsettled and changing quality of the cerebral vibrations, which in their turn were caused by the influence of modern discussion and new departures in the higher educational facilities afforded the sex. The consequence was that the grosser vibrations of the barbarous past were disturbed, while the inevitable finer vibrations of the future were not yet brought to the point of habitual adjustment necessary for healthy quiescence.

Dr. William Wiseover presented "Thoughts on the importance of studying the adjustment of the minor articles of clothing, especially the hat, collar and necktie, as a means of diagnosis in the prodromal stage of typhoid fever." The early signs of the approach of this disease being so treacherous, he thought we should be glad to avail ourselves of anything which could bring us to a conclusion as soon as possible. Then we could take steps to conserve the strength of the patient for the long ordeal through which he had to pass. He had noticed some years back that individuals who were coming down with typhoid fever showed an extraordinary carelessness about their personal appearance for a week or two before the temperature began to rise. Following up his observation he had studied the matter ever since and found that this carelessness was always present in some degree, being the result of that characteristic dullness of the intellect and indifference which the typhoid poison produces. The articles of clothing to which he had made particular reference were generaliy neglected as follows: The hat was thrust down abnormally over the forehead, perhaps with an instinctive desire to protect the eyes from the light; the collar was often left unbuttoned at the back, undoubtedly from forgetfulness; and the necktie was invariably adjusted so as to be on one side or the other of the median line, thereby giving a striking symmetrical appearance to the patient. He had almost come to regard the condition of the necktie as pathognomonic.

Dr F. Kicton Jacknoddle related three cases on which he had tried the Homœpathic principle of curing like with like. Not that he had any faith in that principle, but because he had wished to settle the question forever in his own mind. The results, of course, had again proved the unspeakable absurdity of the claims against which they, in common with all enlightened and progressive physicians, were combined.

Case 1.—Mrs. Fillamentor. This patient, being pregnant, was troubled with continual nausea. Her health was rapidly failing as she was unable to keep any food on her stomach for more than a few minutes at a time. All other measures failing to give relief, he had, as a forlorn resort, been led to try Ipecacuanha. He began its use by giving five grains of the powder every hour. The condition of the patient being markedly aggravated at the end of the second day he increased the dose to ten grains in order to give the method a fair trial. She had not taken more than five of these larger powders when he was sent for in haste and found her nearly dead, abortion having taken place, and an alarming hemorrhage going on. He immediately took the proper steps to save the patient's life which, happily, he succeeded in doing. He had lost all faith in the virtue of Ipecacuanha as a cure for nausea.

Case 2.—Joseph Carpiol, a young man who was troubled frequently with a congestive headache which interfered with his business. The doctor had tried almost everything with this patient

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on which he had been accustomed to rely, but without the expected results. At length he had recourse to a homœopathic work in his possession and found Belladonna and Gelsemium both extolled as remedies for such headaches. By way of experiment he had given this young man a prescription for equal parts tinctures of Belladonna, Gelsemium and Opium, the latter having been intended to modify the influence of the other two drugs. He directed the patient to to take twenty drops of this combination every half hour for two days and then to report to him. As he did not return at the end of a week and the doctor was anxious to know the success of the experiment, he had called at his residence. To his surprise he found the young man in bed, with a homœopathic physician in attendance. It seems that having taken the doctor's prescription for one day he had become delirious, and on his way to business the following morning was arrested in the street on the belief of the policeman that he was insane. The relatives of the patient expressed great indignation at Dr. Jacknoddle when he called, the physician in attendance having given them to understand that the Belladonna which had been taken was sufficient to account for the condition of affairs. The doctor had thus lost the confidence of a family who had been among his best patients, but not more effectually than he had lost faith in Belladonna as a medicine for congestive headaches.

Case 3.—An infant, six months old, had been annoyed from birth with indigestion and colic. He had found that the parents to quiet it had frequently used some soothing syrup. The doctor forbade the use of the patent medicine on the ground that he believed most of these preparations to contain injurious amounts of Opium or some of its derivatives. He then prescribed a solution of Morphia and ordered it to be given when necessary. The parents were impatient with the results, and he then, in accordance with the homœopathic authority before mentioned, had administered Colocynth for the colic. He ordered quite large doses of the fluid extract disguised in syrup. Very few doses of this preparation had been used when the infant was suddenly taken with violent convulsions, and it died while he was on the way to the house. While he could not say positively that the Colocynth was the cause of the convulsions he was obliged to admit that there was for some days an unpleasant and restless uncertainty in his own mind which he did not desire to experience again.

After this latter occurrence he came home and threw the homœopathic work in the fire, having no intention to follow advice in future which had brought him into such disagreeable relations.

The President remarked with a sly smile that he did not want to open a discussion, there being no time for it, but he was surprised that a member of their society had been so far deluded. He hoped the lesson would not be thrown away on any of those who had been privileged to hear the remarks of Dr. Jacknoddle, which he regarded somewhat in the light of a penitent's confession.

Dr. Marcus Nedum reported a case of congenital absence of the nose occurring lately in his practice. The child was further deformed by a prolongation of the upper lip which was found by actual measurement to be four inches long. At the end of this peculiar lip were two rudimentary holes like nostrils. Otherwise the infant was well developed and healthy. He was not himself a believer in the influence of maternal impressions as a cause of such abnormalities, but the relations of the child one and all thought differently from him, the mother in particular, who said that before the child was born she accompanied her husband to a circus and while they were watching the antics of a company of elephants the animals became enraged and terrified her by their behavior. She considered the fright on that occasion to be the cause of her infant's condition. She was so horrified at the result that she had besought Dr. Nedum to destroy its life. Of course he had been unable to comply. He thought that surgery would be able to do much for the improvement of the deformity when the child was older. He saw no reason why the upper lip could not be amputated and an artificial

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nose put on by a plastic operation. He related the case for the manner in which it seemed to bear on the question of maternal impressions concerning which so much had been said and written pro and con. As there was no time now to discuss he hoped it would appear in the journal and draw out opinions. He had nearly forgotten to state that this infant did not cry like an ordinary child but emitted grunts and squeaks after the manner of a pig.

Dr. Boobay felt called upon to bring the meeting to a close. He was grateful to all who had in any way contributed to the knowledge and pleasure of the members. These gatherings were the oases in the desert life of the physician and no set of men could gather together for their high purposes and go away without carrying memories of happiness and lessons of profit which would be felt by them all through the dreary passages of daily routine. He felt that he had been greatly instructed and improved by all their meetings, and by none more than the present.

He urgently invited all who could remain in the city over night to be present at the dinner which he had tendered to the members.

The meeting then adjourned.

A RÉSUMÉ of two cases of *tartar emetic* poisoning is given in the *Druggists' Circular* (extracted from the Nashville *Medical and Surgical Journal*), which may prove of interest to our readers :

"Dr. H. H. Langston writes" (to the above journal) "that he has observed poisonous effects from tartar emetic in quantities smaller than reported by any authority he has consulted. A lady threatened with mammary abscess was given half a grain in solution, with directions, in case it did not produce nausea, to repeat in two hours with double the dose.

"In less than an hour afterwards the doctor was summoned to her in haste, and found her greatly prostrated, vomiting every few minutes, bathed in a profuse sweat, with cramps in her stomach and bowels, weak and rapid pulse—all indicating a mild case of poisoning. He felt sure that half a grain more (or one grain in all) would have thrown her into great peril and made her condition alarming.

"Dr. L. also reports that in another case in which he used the drug for the same purpose, the arms and all the surface of the upper part of the body broke out with a dense crop of tartar emetic pustules.

"The eruption was 'preceded by an indescribable and alarming sensation of numbness, or deadness and tingling.' To relieve this, brisk rubbing was resorted to, and in a few minutes the eruption came out thickly, bold and distinct, but disappeared in a few days without further trouble."

Reminiscences.

SEVENTY-SIX.—During this term the writer of this was greatly honored by the Class of '76 by electing him unanimously an honorary member of the Hahnemannian Society. How proud he felt, how great a man he thought himself after this event ; with what vim he used to ring the old bell for the professors to begin or end their lectures. He actually thought that he was the biggest man in the college. Well might he be proud ; for when he looks back upon the different graduating classes and sees so many men who are to-day authors, professors in colleges and also some of them editors of medical journals, presidents of State societies and even members of Congress, he is really entitled to indulge in a feeling of pride.

This class also will call to mind the examination in obstetrics in the lower lecture-room, when the professor treated the students to a well-known beverage. It is surprising how thirsty a medical student can be sometimes when he can obtain his favorite fluid free of charge. Ever since this event Sol B——ch has increased in size until now he is one of the great shining-lights of the profession in New York City.

E. H. Linnell was elected President of the Hahnemannian Society and also received the Faculty prize. B. F. McTavish gained the second honor. Another feature of this session was the examiation in anatomy, where fifty-four questions were given by Prof. Carmichael to be answered in writing. How the sandwiches and

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coffee disappeared, as the poor fellows could not leave the room until their papers were handed in! The constitution of the Hahnemannian Society was during this term revised and many new features added. Albert Claypool, of this class, is at present President of the Ohio State Society, and B. G. Carleton was until a few years ago Demonstrator and Lecturer in Anatomy in this college. '77.—This class may be rightly styled a banner class on account of being the largest class ever up to that time having graduated from this college, numbering in all fifty-four, with seven honorary degrees conferred, and also on account of many holding high positions in the profession: W. W. Blackman, of this class, is at present Demonstrator and Assistant Professor of Anatomy in our college; G. W. Blodgett, formerly Professor of Physiology and also Professor of Diseases of the Kidney (a bean-shaped organ); C. C. Boyle, Surgeon to the Ophthalmic Hospital; C. W. Cornell, Assistant to the Chair of Surgery; W. Y. Cowl, formerly Professor of Pathology; W. B. Mayo, President at present of the Vermont State Society; J. L. Moffat, formerly Secretary of the N. Y. State Society, and at present President of the Kings County Society, and others too numerous to mention holding high professional positions in this city, Brooklyn, Rochester, etc.

An event of the greatest importance to homœopathy in this city occured in the early part of this session. The second largest hospital in New York was put by the Commissioners of Charities and Correction under the control of a medical staff composed of members of the homœopathic profession. What this hospital, with its seven hundred beds, its resident staff of nine physicians, its visiting staff of more than twenty members of the profession of highest standing, has accomplished during this last ten years need not be recalled here, as it is too well known. S. H. Talcott, '72, at present Professor of Nervous Diseases and Medical Superintendent of the State Insane Asylum at Middletown, was its first chief of staff, with J. D. Madden, '76, and R. B. Sullivan, '76, as his assistants.

In February, 1877, Dr. Carroll Dunham, so well known throughout this broad country, died. Only a few years before that date he resigned from the Chair of Materia Medica and Dean of this College, was President of the World's Convention of Homœopathic Physicians held at Philadelphia in 1876, was so well known as a writer and author of works on Materia Medica and therapeutics that the loss sustained by the homœopathic profession was not only felt in this city alone, but in the whole United States.

Prof. Carmichael resigned from the Chair of Anatomy, and Prof. Doughty was appointed by the Faculty in his place. Prof. Ebell also tendered his resignation, and was succeeded by Prof. Bacon.

C. R. Sumner was President of the Hahnemannian Society. J. L. Moffat received the Faculty prize and F. J. Nott the second, who was also chosen Valedictorian of this class. Enos Hall, the old colored janitor, also resigned at the end of this term, having been in the employ of the college since 1860.

'78.—At the early part of this session Dr. John Butler, now deceased, was appointed a lecturer on Electricity and Electro-Therapeutics. Professor Bacon resigned at the end of this term, and St. Clair Smith, M. D., filled this vacancy for several years after.

The vacancy created by the resignation of Enos Hall was filled by a man who will be remembered by the name of "Monday." How happy Monday would be when he could find listeners to his stories, "nursery rhymes" as he used to call them, when sitting near the large stove in the dissecting-room. He would quote Shakespeare, Byron, etc., and tell about his travels in Italy. But his employment at the college ceased in a few years, the demon intemperance getting the best of him.

J. R. Stearns gained the Faculty prize, and C. A. Walters received second honors. B. C. Shenstone delivered the valedictory address, which was a very able effort, as he explained to the audience his views of what Homœopathy was and what it could do; an address which was highly appreciated by the audience and the members of his class. Among the graduates of '78 was an East Indian, Dr. Bose, who had

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studied for several years in England, and came to this country to study homœopathy. He is now a prominent physician in Calcutta, and occupies a front rank among the pioneers of homœopathy in India. W. E. A. Gorton was President of the Hahnemannian Society, and Charles McDowell, now Professor of Physiology in our College, Secretary. A. M. Curtis is associate editor of the *Physicians' and Surgeons' Investigator*, published in Buffalo, was also a member of this class. N. W. Rand is President of the Massachusetts State Society, an honor well deserved. ONE WHO WAS THERE.

Societies.

Hahnemannian Society.

THE regular meeting of the Hahnemannian Society, for January, was held at the usual place on Wednesday evening the 8th inst.

Meeting called to order at 8 P. M.

President Watts in the chair.

The following programme was then rendered:

Song by quintette.

Roll call.

Duets by Drs. Lawrence and Kellogg.

Minutes of preceding meeting read and accepted.

Banjo selections by Prof. Doré.

An original poem by Sawyer, '88.

Song by quintette.

Recitation by Kastendeik, '88.

Duet by Drs. Lawrence and Kellogg.

The classes then proceeded to elect quiz masters for the ensuing month, which resulted as follows:

Re-election of senior quiz masters in a body. Re-election of Middle and Junior class quiz masters, except Woodruff in anatomy and Bennett in physiology. Messrs. Hamlin and Honan were elected to fill the respective vacancies.

Orchestral selections by Wakely, '88.

Solos by Platt, with guitar accompaniment by Kellogg.

Report of Library Committee.

After a spirited debate a motion was made and carried to secure the Y. M. C. A. Hall for the Hahnemannian commencement.

Banjo duets by Profs. Doré and Landauer, '88.

By invitation, Hoyt, of '89, favored the Society with a terpsichorean entertainment.

Treasurer's report read and accepted.

Banjo selections by Prof. Doré.

Song by quintette.

Vote of thanks was tendered the gentlemen who contributed to the evening's entertainment.

Solos by Mr. C. H. Hughes, of Brooklyn.

Motion made and passed that a "welcome all" be extended to Mr. Hughes at some future date.

Song by quintette.

Orchestral selections by Wakely, '88.

Banjo selections by Jenkins.

Solo by Platt, '88.

Roll call.

Adjournment.

The Moxie's Nerve Food Humbug.

WE take the following extract from an article in the *American Analyst:*

"I gathered from the circulars and various advertisements issued by the proprietors, that it is neither a tonic, a stimulant, a poison, nor a medicine, and that it contains no trace of alcohol. Despite these facts, it is said to possess the remarkable virtue of curing dipsomania, bracing up and restoring the shattered or weakened nervous system, and imparting new vigor to the overtaxed brain."

"The result of my analysis is as follows:

Specific gravity	1.035
Carbonic acid gas	1.022

One hundred parts by weight, subjected to distillation, contain:

Alcohol	0.750
Essential oil of sassafras, " " wintergreen, " " aniseed,	0.250

The matter left in the retort evaporated to dryness contained:

Extractive matter	7.880

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Composition of extractive matter:

Sugar		3.810
Glucose		1.250
Sodium carbonate		1.070
Sassafras, Gentian, Checkerberry, Quassia Amara,	Existing in the original substance as infusion, mixed together, in proportions which allow the sassafras to preponderate.	1.870

"It will be seen that there is an utter absence of any alkaloid, or of any active principle of any drug, or vegetable, or herb, recognized by or known to the sciences of chemistry or medicine. If the preparation had contained any vegetable substance, such as is claimed for it, the above analysis would have shown it by the discovery of some alkaloid or essential oil."

"The general result of my investigation enables me to state, with no fear of contradiction, that the sole property to which this mixture can lay claim is that of a mild and entirely inoffensive tonic, forming an agreeable drink for quenching the thirst, and incapable of exercising the slightest action upon the brain or the nervous system."

College Notes.

IS your Thesis handed in?

BLEEKER has purchased a new piece of gum.

FRANK has a new name. They call him the Sexton now.

THE fifth pair of nerves made more than one Freshman resolve to take Anatomy two years.

THE class of '87 will have their supper February 23d, and we sincerely hope every man will be present.

H. A. WHITMARSH, '79, of Providence, R. I., has been elected Treasurer of the Rhode Island State Society.

THE reading-room of the library is now in full running order and, from appearances, is well patronized.

WANTED.—A new list of jokes for certain members of the Faculty. A princely reward will be paid for anything not antediluvian.

PROFESSOR: What is an amputation at the joint called?

STUDENT: I think it is called an amputation in ambiguity.

No doubt in the Theses of our class will be much light shed upon many medical subjects, and the coming Seniors will reap the benefit of the deep thought.

DID you do that on purpose? as the professor said when the cork flew out of the bottle for the tenth time. Lewis blushed deeply and murmured, "No, sir."

F. W. BRADBURY, '75, of Providence, R. I., made us a call lately and was agreeably surprised by the many changes which have taken place since his time.

THE "Group Picture" is all that could be desired. And Frank says it is the best one that ever has been taken, all members of the class being present but six.

PROFESSOR of surgery, holding the os innominata before student. Prof.—"What is that bone?"

Mr. O.—"Sapulae."

WE were treated to quite an exhibition at a recent surgical clinic. The nature of the exhibition was such that the front seats did not command a premium.

THE words differential diagnosis are becoming so familiar to the Middle men that when you see their lips moving, you can almost swear that they are going to say differential diagnosis.

THE last meeting of the Hahnemannian Society was what Watts calls entertaining rather than instructive. The frantic endeavors of Chase to secure a reception and dance after the Commencement exercises were symbolic of the man, namely, very persistent.

THE short article in the last CHIRONIAN, discussing tumors and their classification, has attracted much attention and *may* lead to some practical result. Let us have more of such articles.

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THE CHIRONIAN

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THE CHIRONIAN.

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THE CHIRONIAN will be sent until ordered discontinued.

WE wish to call the attention of those who are indebted to THE CHIRONIAN that we are very much in need of money now. The printer's bill and the postage must be paid without delay, and in order to do that we are compelled to call on our subscribers to help us out. Our genial business manager suggested that we notify those whose subscriptions were not paid that the money will be very acceptable.

THE CHIRONIAN receives many kind words from the Alumni. Every mail brings letters containing the hearty commendation of those who appreciate our work and who have not forgotten their Alma Mater and the pleasant associations of their old college days.

It is said that "variety is the spice of life." We have received one letter that contained no balm, neither lucre nor soft speech. This subscriber has received THE CHIRONIAN for three years and, in reply to our kind invitation to pay up, he wrote a long dissertation on the theme that it would be of far greater benefit to us if we studied more and edited less; but not one word did he say about paying for what he had received. It may seem rather hard to some of our readers to speak in this way even of one so mean; but he will not see this number of THE CHIRONIAN, unless he borrows it of his neighbor. (The neighbor can get an extra copy by applying to Frank.)

WE suggest that some member of '88 invent a scheme by which each of its members may have a fair chance to attend the different operations next year.

On the face of it, the alphabetical method seems fair enough; but when you remember that only one or two operators get through the list, it is evident that some one is left. The A's and B's have the advantage this year.

Some have seen as many as five or more operations, while others have seen but one. It could be easily arranged and would meet the approval both of Faculty and students.

AT a recent meeting of the Executive Committee of the Alumni Association of our college, it was decided to hold the annual dinner again at Delmonico's.

As the Commencement Exercises will take place in the afternoon, the dinner hour has been set for 7.30 P. M., April 14th.

Prof. S. H. Talcott has been chosen toastmaster. In addition to the quartette there will be a full orchestra.

Another New Hospital.

THE "Deaconess Institute of the Methodist Episcopal Church" is the name of a new hospital located at 129 West Sixty-first street. It is open now for the reception of patients requiring medical and surgical treat-

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ment. It is under the management of the Methodist Episcopal Church of New York City, but is open to all who need treatment, irrespective of creed or nationality. The consulting staff consists of Drs. T. F. Allen, J. McE. Wetmore, G. E. Belcher, J. G. Baldwin, and Drs. W. T. Helmuth and F. E. Doughty as consulting surgeons. Attending physicians—Drs. J. M. Schley, W. N. Guernsey, L. L. Danforth, E. V. Moffat, H. M. Dearborn, E. H. Porter, J. B. Garrison. Attending surgeons—S. F. Wilcox, F. S. Fulton, and H. H. Crippen as resident physician.

Enuresis.

A PAPER READ BEFORE THE SOCIETY FOR MEDICO-SCIENTIFIC INVESTIGATION, NEW YORK, DECEMBER 5, 1886, WITH ADDITIONS.

BY PROF. M. DESCHERE, M.D.

(*Continued from page 106, No. 7.*)

I HAVE found *Ferrum met.* most useful in the medium potencies, from 6th to 15th, in the diurnal form of the affection. There is not so much wetting of the bed at night, which, however, need not be absent, but the most trouble comes during the day, especially *when walking*, or in school-boys who worry about their lessons, and consequently are a nuisance to the teacher by constantly asking to leave the room. The control over the bladder is so slight that, unless the patient can follow nature's call at a suitable place immediately, he will wet his clothes. Sitting and lying quietly relieves the urging. The urine is of a light color, copious and clear, sometimes of alkaline reaction. This color of the urine determines the choice between *Ferrum* and *Selenium*, the enuresis of which is otherwise very much like that of *Ferrum met.*, worse in the daytime and when walking, but the urine is dark red, with a sediment of the same color; while in *Ferrum*, if there is a sediment, this is whitish, containing phosphates or mucus, thus pointing to a complicating catarrh of the bladder.

Ferrum phos. has a very characteristic distinction from the metal. The sudden irresistible urging and the aggravation in the daytime are the same as in the latter, but this urging, as well as involuntary urinating, are worse while *standing*, and are accompanied by pain along the urethra and in the neck of the bladder. (Remember this remedy also in *retention* of urine, with fever, in little children; as well as in involuntary spurting of urine with every cough.)

In cases where the urination at night is *very profuse*, the bed being actually flooded, I have seen good results from *Phosphoric acid.*

Sepia will be useful when the child wets the bed soon after going to sleep; at least always in the first part of the night.

A remedy which I have used successfully when I found, as is frequently the case, enuresis day and night, but where the *desire would continue even after urination*, is *Ruta grav.* The urine may have a greenish color (which can be found among a dozen other remedies).

Equisetum, which has been empyrically recommended by homœopathic physicians, has not given me much satisfaction, probably because the indications are not characteristic enough to warrant a correct prescription. I could thus extend the list of remedies if I were not afraid to tax your patience, and I shall therefore simply call your attention to *Causticum* in weakly, feeble constitutions, also urinating during first sleep; *Silicea*, when symptoms similar to those of *Calcarea* are present, especially where the abdomen is very large and constipation supervenes; *Argentum met*, when the patient is awakened by the urgency to urinate very frequently during the night, and has hardly time to use the vessel; *Chloral hydrate*, as a counterpart to *Sepia* and *Causticum*, when the child wets the bed in the latter part of the night.

Causticum, *Squilla* and *Thuja* have the common symptom of involuntary urination while coughing, added to the nocturnal enuresis (vide *Ferr. Phos.*).

Remedies which deserve further study are *China*, *Conium*, *Carbo veg.*, *Gelsemium*, *Graphites*, *Hepar*, *Pulsatilla*, *Phosphorus*, *Sarsaparilla*, *Sulphur*, *Calcarea*, etc.

It is hardly necessary to draw your attention to the precaution of having the child taken up

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during the night to pass water, as well as not allowing it to partake of fluids late in the evening, and you should warn the parents against their children drinking coffee. *Hahnemann*, in a treatise on the effects of Coffee, in his "*Lesser Writings*," says: *Coffee* always increases the flow of urine, and he continues: "Coffee acts the more formidably with children the younger and more delicate they are; their color gets pale, their muscles flabby. Walking and teething are retarded; they have a swaying gait and want to be constantly carried; they speak indistinctly and they are dull, nothing pleases them; fretful and timid; and so forth. We know what use to make of this, when finding such conditions with children who never receive any coffee, but if they have our first antidote ought to be *Nux vomica*. A bad habit is practiced in schools, viz.: not allowing the child to leave the classroom to follow the call of nature. In such cases I always give a certificate to the teacher explaining the difficulty, and prescribe *Ferrum*.

In chronic enuresis, accompanied with wasting and great thirst, I always examine the urine for sugar; as Diabetes mellitus is not so rare during childhood as is generally supposed, and will frequently befall fat and chubby children in whom the emaciation will be the more apparent if the condition be allowed to continue. Enuresis, when excessive, is the first symptom calling attention to Diabetes.

In children with long narrow prepuce, adhering to the glans, I advise circumcision, if the breaking up of the adhesions is not sufficient.

Comments.

WITH reference to the new Antithermic "Antifebrin," the *New England Medical Gazette* suggests as a name for its possible successor "Antithermin," and this proving unsatisfactory "Rough on Fevers" is proposed. It is, however, only fair to say that journals other than homœopathic deplore the naming of drugs after the fashion of proprietary and quack nostrums. This matter is discussed in the *Lancet*. Perhaps also to be thoroughly consistent the term "anthelmintica" should be abolished as a designation for *Cina*, or some one may suggest in its place "Vermifuga" or "Rough on Worms."

As to the proper (scientific) name for antipyrin (according to Du Jardin Beaumetz) "some think that it should be called *dimethoxy quinisine*; others, on the contrary, call it *methylated oxymethylquinizine*. Would the *Lancet* and the *New England Medical Gazette* have the latter name adopted? Might it not then be called "Rough on Linguists"?

But, jesting aside, is it not true that physicians should be careful how they place too much reliance on a single drug to cover the broad ground of high temperature, not only lest they be unsuccessful here, but that if successful in a potent reduction of temperature other functions become as potently perverted.

"Kairin," "Thallin," "Resorcin" have served their turn and now it seems "Antifebrin" is fast displacing "Antipyrin" (so says the *Medical Gazette*), and the editor of the above journal pertinently observes: "One suggestion from all this can only be ignored or rejected by the willfully deaf or blind. And that is, that every new antipyretic exultingly discovered and heralded by the rational school sheds, in its meteoric passing, and by its very transitoriness, a brighter glory on the laurels won and worn by those antipyretics of our homœopathic pharmacopœia, which came into medical science nearly a century ago, and, when they came, came to stay. Belladonna, aconite, rhus tox., bryonia—these, standing sturdily, yet modestly, each in its place, and neither vaunting itself as a universal and infallible specific, nor failing in its duty in that especial kingdom of suffering over which it has control—these, and a few of their not less honorable brethren of later discovery and date, will steadily and nobly serve us and our successors as they have served 'our fathers in the old time before us,' and who shall ask for better helpers?"

In the late work of Dr. Du Jardin Beaumetz on "New Medications," some interesting observations on the subject of the new antithermics seem worthy of our attention in this connection, as they remind us of what the poet says with reference to man:

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"So generations" (medications, it should be), "in their course decay. So follow these when those have passed away."

Dr. Beaumetz says: "Kairin is then an antithermic substance, but one which acts by diminishing the respiratory power of the blood, and by destroying the hæmoglobin. In some recent researches, Bouardel and Paul Loye have confirmed this view, and have shown that thallin and kairin have a similar action—that of destroying the hæmoglobin."

"Moreover, contrary to what takes place in the case of the other antithermics, kairin and thallin have no action on the fermentations. Kairin then ought to be discarded from therapeutics. It is a dangerous medicament, because it produces its antithermic effects by destroying the hæmoglobin and by profoundly altering the blood, circumstances which should be especially avoided in the infectious febrile diseases."

Thallin is said to belong to the same series (guinoleine) and is the *tetrahydroparamethe gloxyquinoline*. Thallin (from thallus, a green branch) is the name given by its discoverer on account of a green color which it assumed in certain reactions.

(Would the *Lancet* advocate the use of the scientific chemical name?)

Of this substance Dr. Beaumetz says: "Unhappily, thallin, like kairin, lowers the temperature not by acting on the thermic centres, but by diminishing the respiratory power of the blood and dissolving hæmoglobin."

Of "resorcin" the same distinguished authority says: "But what led me to abandon resorcin in the treatment of rheumatism and typhoid fever is not only its want of power, but also the toxic phenomena which I have observed. Resorcin is not only an irritant medicament, it is also a poison," etc., etc.

Again with reference to "antipyrin":

"Antipyrine is toxic, but is much less so than resorcin, which again is less toxic than phenic acid. . . . The symptoms of poisoning are, however, almost alike in both cases; these are of tetanic and paralytic character, exactly resembling those which characterize strychnine poisoning. It is not then doubtful that antipyrine acts on the cerebro-spinal axis, and it is probable in modifying the thermogonetic centres that it depresses the temperature. . . . It has also a notable action on the perspiration, which it augments, and this is ever a disadvantage in administering antipyrine to tuberculous patients."

This substance is said also to be an "antagonist to fermentation" and by some to possess hæmostatic propensities.

Such, then, are the vaunted antipyretics—"going—going—gone," *i.e.*, some are going, others have pretty much gone.

With reference to the indications for these antithermic medicaments, Dr. Beaumetz observes (with such cogency and good sense that we venture further quotation): "Fever . . . is characterized by an augmentation of the pulse and temperature, and we have proved both of these phenomena to be due to an increase of the combustions of the economy. . . . First of all, you must be aware that to reduce the temperature and to combat the hyperthermia is not to annihilate the fever, nor even to reach the cause which has provoked it. To depress the temperature of a man affected with pneumonia is not to cure the pneumonia . . . to maintain the heat curve on a horizontal line" (in typhoid fever) . . . "is not to cure the fever; and this is so true that it is a fact that by the employment of the antithermic medication we do not diminish by one day or one hour the febrile malady. The antithermic medication, then, influences only one of the elements of the fever." These remedies, therefore, he concludes, "should only be used against the excessive elevation of the temperature, and not against the fever; and the determining cause of the latter."

Dr. B. then asks: "Has the hyperthermia, then, any danger by itself?" He does not agree with the German school that "all the grave symptoms of the disease result from the sole fact of the hyperthermia."

"Take a case of infectious pneumonia. You can artificially depress the temperature, but you cannot by that diminish the gravity of the disease, and the patient may even succumb

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with a temperature almost normal. Observe how it is in typhoid fever: You will see patients who bear their disease very well with temperatures elevated to 40° C. or above, and this without delirium; others, on the contrary, present an ataxo-adynamic state of the greatest gravity, with depression of the forces, despite a temperature very little above the normal."

I would not have it understood by the above quotations that Dr. Beaumont discards entirely the use of the antipyretic medications. That he is moderate in his estimate of them is evident—even of antipyrin, and with reference to their use in typhoid fever he says:

"For my part, till something better is found, I prefer baths in typhoid fever to all these medicaments. . . . I obtain from these baths" (90° to 97°) "thus administered a triple effect: They keep the skin cleansed; they cause an abatement of the nervous symptoms, producing repose and calm; and they have an undoubted antithermic action."

In a record of 551 cases of typhoid fever, most of which were treated by baths and ice bags on the epigastrium instead of by antithermic drugs, there was a mortality of only ten and a half per cent. as reported by Dr. Aufrecht of Magdeburg.

Antifebrin is next to be heard from. If there is anything in homœopathy there must be much in it, for the indications of our remedies are not given in indistinct outline, but in clear-cut detail, nor are they destructive if not beneficial.

DR. G. H. WILKINS, of Palmer, Mass., writes us concerning the beneficial effect of sulpho-carbolate of soda in diphtheria: "I triturated sulpho-carbolate of soda and milk sugar equal parts and give about six grains every two hours, dry on the tongue, and give no liquid for at least fifteen minutes. It controlled the fetor of the breath, so that I could tell the differemce when I went in one night and she had not taken it for four or five hours. I think it prevented the blood poison *so far as that results from inhalation and absorption of secretions from the throat*, and while she had the worst throat I ever saw she did not show nearly the intensity of sceptic symptoms that most of my cases have done heretofore."

THE London *Medical Record* says that chloroform has been found very efficient against tape-worms—a few drops every few minutes for a few times.

This anæsthetic method of treating tape-worms would doubtless receive the sanction of the "society with the long name."

Perhaps it causes the tape-worm to unloose its hold on the intestinal wall.

A Case of Glaucoma Preceded by Iritis.

REPORTED BY CHAS. T. BURTIS, '87.

A SHORT time ago the following case was brought to my notice. A man of about sixty years of age, suffering from intense pain through the right eyeball, with supra-orbital and temporal neuralgia of the same side. The sclera was red and injected with numerous and tortuous blood-vessels, intense photophobia and contracted pupil. The case was diagnosed as simple iritis, and atropia sulph. grs. ii. ad aqua destil. ℥ i was ordered, one drop to be instilled every two hours, besides a cold pack over the eye. On the next day the pain was somewhat relieved, and an increased dilation of the pupil was noticed. The patient continued to improve for about a week. Then, without any apparent cause, the patient grew rapidly worse. He suffered with intense pain, there was increased dilation of the pupil, some haziness of the cornea, increased shallowness of the anterior chamber and increased tension of the entire ball. The dipping of the retinal vessels into the apparent cup at the optic nerve entrance could be discerned, and within a few hours there had been very rapid destruction of sight. The case was now diagnosed as acute glaucoma. That afternoon the operation of iridectomy was performed by Dr. Geo. Clinton Jeffrey, of Brooklyn. Eserine grs. iv. ad aqua destil. ℥ i was given as a local application, one drop every two hours until the next day. For a day or two

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the patient improved, but on the third day following the operation the patient grew rapidly worse. The advisability of enucleation of the entire eyeball was suggested to the patient as the only means of relief. He at once agreed to this. Accordingly, on the following day, the operation was performed by Dr. Jeffrey. Pain was at once relieved, and the patient made a rapid recovery.

Typhoid Fever.

BY JOSEPH H. M'DOUGALL, M.D., '77, TOMPKINSVILLE, STATEN ISLAND.

MISS E. B——, a stenographer, having secured a desirable position, after being out of employment for some time, was, in consequence, ambitious to make her engagement permanent.

She found herself breaking down in the effort, affected with frequent headache, malaise, anorexia, offensive taste, chilliness and fever, all of which symptoms led her to believe she was suffering from malaria, for which she took Bryonia alba, etc., without much relief.

I was then called (September 21, 1886) and found the patient in bed in a state of nervous apprehension, a feeling of distress in the epigastrium, with nausea, pain in the abdomen and legs, as if she had taken a severe cold.

A physical exploration of the chest disclosed moist rales in the upper portion of the right lung, which led me to suspect the whole condition as due to a developing pneumonia.

The temperature in the morning was 100.8° Fahr., in the evening 1020. I began to suspect Typhus Abdominalis (as her temperature showed a persistent upward tendency, together with an absurd mania and an ochre diarrhœa), which I positively pronounced it after a few days.

A table of the temperature in this case (which will be found appended) will show that the thermometer did not persistently register the highest degrees in the evening, which fact would lead one to question the correctness of the diagnosis, were it not for the other signs, which to me, were unmistakable.

The patient was very restless and talkative, had the typhoid expression of countenance, picked at the bed clothes, and one day persisted that she was going down to South Beach, a distance of about two miles, to take a bath, appealing to me for approval of her plan. I mildly suggested that it would tire her too much to go, besides she might take a serious cold, and upon the whole it would be better to wait until she was stronger. So she yielded with a good grace; but if I had opposed her openly, I feel assured she would have made it lively for us—for when she wanted anything to quench her thirst or appease her appetite she was very positive; so as a matter of policy, I would make a compromise, choosing from what she suggested the least harmful food or drink.

One day there was partial paralysis of the sphincters of the bladder and rectum, but they soon regained their power; and, in fact, the patient insisted (almost every day of her illness) on getting out of bed to use the commode, though she had, at times, from four to five stools a day.

I called one afternoon and, finding her sleeping calmly, left without disturbing her; but a few minutes after was summoned in haste by her sister who said, "She looks so queer," and her mother thought she was about to die. I found her with jaws firmly set resisting my efforts to force them apart to administer medicine. At first, I thought of fatal collapse, but the face was not hippocratic nor even pale.

She rolled her eyes and turned her head to look at her mother, who was crying, seeming to be conscious but unable to open her mouth to speak.

I soon concluded I had a case of hysteria to deal with, and that there was no immediate danger. Dr. B., who had been sent for in consultation in this emergency, on his arrival confirmed my diagnosis, and after a few drops of brandy and water were forced between her lips she came to, laughing, and her face seemed to say, "have n't I been having a great hoax at your expense!"

She said she knew what was going on about

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her, but her jaws were frozen, and she could not open her mouth.

The next morning she was threatened with a recurrence of this condition, but it proved a false alarm.

From this time on the temperature gradually fell, and on the twenty-first day was a little below normal.

She was very weak after the fever subsided, but rallied soon, and two weeks later resumed her duties at the office.

Febrile range.

	MORNING.	AFTERNOON.	EVENING.
Sept. 21, 1886....	100.8° Fahr.	.....	102°
" 22, "	102.5° "	102°	101°
" 23, "	103.2° "	102.5°	103.5°
" 24, "	101° "	101.2°	100°
" 25, "	101° "	102.5°–103° *	99°
" 26, "	99.8° "	99.9°	99°
" 27, "	101° "	100.6°	101.8°
" 29, "	100.9° "	.....	100.2°
" 30, "	100.4° "	.....	99.8°
Oct. 1, "	99.6° "	.....	97.8°
" 2, "	..... "	99.6°	.....

When the temperature reached so nearly normal I was careless about keeping the record, which accounts for its incompleteness.

The remedies I found most useful were Bryonia alba, Rhus. tox, Baptisia tinctoria, Phosphoric acid, Belladonna and Carbo veg., but whether any of these kept the fever in check during its typical run I cannot say, for the next case was so discouraging that I became skeptical of the power of any drug to abort or modify a *genuine* typhoid fever.

CASE No. 2.—Miss J. B——, a sister of the last patient, worn out by night watching and assiduous attention to her, began complaining of headache and a disagreeable taste in the mouth, accompanied by chill and fever.

While treating case No. 1, I heard almost daily: "I should think there ought to be something to break this fever; I think if it had only been taken in time it might have been stopped;" to which I would reply that the highest authorities of both schools agreed that a real typhoid could not be aborted, but would run its course of twenty-one days.

I also told the mother of the accidents that *might* occur, that could neither be foretold nor prevented.

So I concluded to give this patient massive doses of Quinine, thinking hers, possibly, a case of remittent fever; but in spite of this treatment the fever rose higher as the days went by, averaging higher than did her sister's, yet for most of the first week she persisted in being dressed and sitting with the convalescent down stairs. There was *constipation* which persisted throughout, making the exhibition of the enema necessary from time to time. The second week she kept her bed; her stomach was very sensitive, there were petechiæ over the epigastrium, nausea and occasional vomiting. Her mind was clear, though her temperature averaged from 102.5° to 103.5° Fahr. The third week, the high temperature continued with occasional exacerbations reaching 104° and over; but on the twenty-first day it had fallen to almost normal. Up to this time, her condition was favorable, the only alarming symptom being a slight hemorrhage from the bowels, which soon subsided; but as the fourth week set in the mercury kept climbing up with defiant persistency, registering 104°, 104.5°, 105°, 105.5°, resisting every drug or measure, which the consulting physician (old school) or myself could think of. There did not seem to be any increase of abdominal tenderness or tympanitis; nothing that gave outward sign to account for the continuance and increase of the fever. The delirium was now more or less constant, there was subsultus tendinum, sinking down in bed and coma. On the morning of the twenty-ninth day of my attendance she was taken with intense abdominal pain, accompanied by distension of the abdomen with tympanitis, the temperature rising to 106° or 106.5° (having lost the record I cannot be positive), and death occurred before noon, resulting from peritonitis, due to perforation of the intestine, I have no doubt, though no autopsy was made.

* This was the afternoon of the hysterical attack, which probably was the ushering in of the crisis, for certainly after that date the fever was very low and, although a slight rise of temperature persisted during a part of each day, until the twenty-first (dating from the probable commencement of the attack), convalescence began then.

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I have had three cases of typhoid thus far which, contrary to the general rule, were *accompanied by constipation*, and every one proved fatal. It may be that diarrhœa tends to relieve the local congestion and tension, and thus lessens the tendency to perforation.

I am of the opinion that the intense anxiety of the patient's relatives often induces the attending physician to do too much, and thus the "vis medicatrix naturæ" is hindered rather than helped. I also firmly believe that well-indicated homœopathic medicines will modify such disagreeable symptoms as arise from time to time, and will contribute greatly towards the comfort of the patient: and if they fail to act, the prognosis is very unfavorable.

Liquid food should be given in small quantities at frequent intervals, and stimulants in moderation should the vital powers flag; but I fear that at times they are pushed to such an extreme as to bring on alcoholic stupefaction, which may be mistaken for approaching coma, and tempt one to increase the quantity, when its discontinuance would give nature a better chance.

A Fragment.

IT has been said, with what degree of truth I shall not venture an opinion, that "memory is the only paradise out of which we cannot be driven."

Certain it is, however, that it *is* a paradise, and one in which we all delight to roam. So filled with pleasure are the excursions we make that anything tending to freshen the paths of the past and people them with bygone companions is hailed with delight.

College songs and jokes, meaningless to a stranger, are as strains of angelic music as they recall scenes of early enjoyment.

And so, as I see that reminiscences are in order, I wish to add my mite to revive dim recollections in the minds of the class that graduated as long ago as 1886.

And in doing so I shall try to present such items of pleasant import concerning their present surroundings as I am able to learn.

"Could we Time's mantle backward fling" while only twelve moons have waxed and waned we would find these skillful medicine-men now scattered even unto the wilds of New Jersey, all collected in one conglomerate intellectual assembly known now, henceforth and forever as the Class of '86.

One year ago that saintly red-bearded martyr, called Frank, known to possess a temper as even as the climate in California, was heard to exclaim that "*this* class can make more noise than any other I ever had anything to do with, for sure," and this year he makes the same assertion.

One year ago Faust, the unsuppressible, was the manager of the Amphitheatre Toboggan Slide, with Tilford as active assistant, while now the one is engaged in a less exciting, but more profitable, business at South Berne, N. Y.; while the other is thinking of purchasing a full-grown practice at Delhi, N. Y.

One year ago ex-Editor Hawley was taking voluminous notes with a jack-knife on his lap-tablet, carving sketches of the veinous circulation and executing antediluvian monsters and sweet violets in bass-wood-relief, while now he is rushed with a city practice.

One year ago the genial smile of "Bob," the "ringleader," would refuse to be made "glum" by any of the medical avalanches flung down upon us from the awful height of a professor's chair, and now the same smile is healing indolent ulcers and mitral stenosis at the Ward's Island Hospital.

One year ago Wentworth would be seized with Sympathetic Anorexia about twice a week if the guardian angel of Uncle Sam's mail failed to hand him a pink-tinted letter filled with the sweet odors of New Hampshire's fir trees and—taffy; now his digestion is fine, and he is happy with plenty of $20 obstetrical cases.

One year ago "Gawrge," the heavy-weight, was engaged in his old business of "EXTRA TELEGRAM—FIVE O'CLOCK" in a tone of voice that would awaken everything for miles around excepting the inhabitants of the dissecting-room; while now the professional courtesy he uses in his elegant uptown office is only equaled

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by his brother, who, not content with all the prizes the faculty had to bestow, sought still another shortly after and found it—a wife.

One year ago Dodge, who had reason to be, and was, one of the happiest men in the class, was continually obliged to move to accommodate the long legs of Keeler, his next seat mate; now in Manchester, N. H., he is rapidly filling one of "Miner's Day-book and Ledger" and is happier still.

One year ago Knight, our poet laureate, was growing melancholy in his endeavor to find something to rhyme with our German exile Benedix; now, as assistant surgeon in Prof. Helmuth's new hospital, his poetical fire is being smothered.

One year ago—but we must pause, although we fain would speak of many more of the characteristics of genius possessed by the Class of '86 *one year ago* and *now* so completely forsaken.

May the painting of Memory be on a canvas that will never decay and in colors that will never fade. EIGHTY-SIX.

The Treatment of Placenta-prævia.

FROM A LECTURE BY PROF. L. L. DANFORTH.

GENTLEMEN—At our last lecture we studied the subject of placenta-prævia in all its details; defined the different locations of the placenta within the region of its unnatural attachment; sought the causes of the bleeding, the source of the blood, the clinical history as witnessed at the bed-side, the diagnostic features of the condition, the prognosis, and lastly the treatment.

As I told you at that time, no two cases require exactly the same kind of management, and it is essential that you should obtain here a clear idea of the principles involved in the treatment of this most formidable complication of pregnancy. The summary which I have here drawn up is merely a formal statement of the directions already given, and by presenting them to you in this way I hope that you will be able to emphasize in your minds such points as may not have seemed quite clear to you.

I.—In a case of placenta-prævia recognized before the viability of the child is established, you would be justified in temporizing—that is to say, the pregnancy may be allowed to continue until the seventh or seventh and a half month. The patient should, however, be warned as to the liability of a recurrence of hemorrhage, and cautioned against everything which would tend to produce such a result, like unusual exertion, excitement or coitus, and rest in bed enjoined. The attendant being instructed meanwhile in the manner of applying a tampon, the necessity for cold applications to the abdomen and vulva, and advised to send at once for the physician should hemorrhage set in.

II.—After the thirtieth week, or, at the latest, the thirty-second week, it is safe to say that the life of both mother and child are less imperiled by the induction of premature labor than by exposing them to the dangers of continued gestation. In the language of Robert Barnes: "If the pregnancy have advanced beyond the seventh month it will, as a general rule, be wise to proceed to deliver. The next hemorrhage may be fatal; we cannot foretell the time or extent of its occurrence; and when it breaks out all, perhaps, that we shall have the opportunity of doing will be to regret that we did not act when we had the chance." Having determined upon precipitating the labor, the method of procedure will depend upon the condition of the cervix uteri as regards its softness, dilatability, etc., or upon the presence or absence of hemorrhage. In case there is no hemorrhage, and you have time to act deliberately, you may proceed at once to the dilatation of the cervix in the following manner: If the cervix is long, narrow and rigid insert as large a tupelo tent as the cervix will contain, and reinsert once or twice until as much dilatation has been obtained as can be secured with tents, or until the cervix is dilated to the extent of admitting two fingers.

If the cervix is already soft and dilatable, this preliminary may not be required. It may be laid down as a rule, however, that the earlier in pregnancy the operation is undertaken, the more likely is preliminary dilatation to be required. After dilatation has taken place to

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the extent above indicated, several courses are then open to you.

1st. *Rupture the membranes*, doing so at the margin of the placenta, even if the margin is quite to one side of the cervix and it is necessary to pass the finger quite to one side to reach the membranes. This method of inciting labor and controlling hemorrhage is especially useful in *partial* presentations of the placenta. If little or no hemorrhage follows the act of rupture, the condition of the patient is favorable, the head of the child has entered the pelvis; contractions are good, and there is no disproportion between the fœtus and the genital passages, the case may then be left to nature. As an additional means of promoting contractions the application of a firm binder over the uterus is of value. Should the location of the placenta be central, it may be difficult owing to the rigidity and resistance of the tissues to penetrate the centre of the mass and reach the membranes; but this must be done, though the act generally causes a very strong hemorrhage. Leaving such a case to nature is not good practice, even if pains are present. A better plan is the second, which we shall presently speak of—the performance of bimanual turning. Right here it is well to call to your minds the important anatomical fact that *the dilatation of the cervix means almost inevitably hemorrhage.* You have on the one hand, as the essential preliminary to the birth of the child, the expansion of the cervix, and, as you have already learned, the cervix cannot expand without rupturing utero-placental vessels to a greater or less extent. I have said that the *almost inevitable* result is hemorrhage. I mean by this, that the occurrence and persistence of the hemorrhage will depend upon conditions which you cannot always control, such as the force and frequency of uterine contractions, and, as a necessary corollary from this, the rapidity of cervical expansion and the degree of pressure exerted by the presenting part upon the bleeding tissues. Here, as elsewhere, the one constant condition of the physiological arrest of flooding is contraction of the uterus, active and tonic. It may be necessary, therefore, in case hemorrhage does not cease to reinforce nature's efforts by the employment of artificial pressure, as exerted by means of some form of tampon applied directly to the bleeding vessels. The Barnes bags, or better still, the modification of these by Dr. McLane, the double fiddle-shaped bags have here their highest sphere of usefulness. They combine continuous dilatation with complete occlusion of the cervical canal. Tamponing the cervix with sponge tents is also an effective means of checking hemorrhage at the same time that dilatation is advanced. Sponge tents answer a better purpose here than the tupelo tents, because they dilate more rapidly and, since they are not intended to remain more than an hour or two, there is little danger of septic infection from their presence. In addition to the tampon in the cervix, the vagina should be securely tamponed as well. While the tampon may be a very useful remedy sometimes, it is not a remedy to be highly extolled, and *should be avoided whenever possible.* The likelihood that it may not prove as effective a remedy as is expected and that hemorrhage may continue, the blood being concealed above, is the chief objection to its use.

During its presence in the vagina, therefore, the patient should be most carefully watched, lest evidences of blood loss appear not accounted for by what is seen to flow externally.

Should you be so fortunate as to secure full dilatation of the cervix (or an equivalent degree of dilatability) and at the same time the cessation of the hemorrhage, it would be proper to apply the forceps if the presentation be of the vertex variety and pains are present to aid you in your undertaking.

If the head is high in the pelvis, only just engaged in the brim, or movable upon it, the substitution of the feet for the head will probably offer the better mode of delivery. This, as you know, is the operation of version, which has long been considered the remedy *par excellence* in placenta-prævia.

Turning as formerly practiced, however, often did more harm than good; although it was of unquestionable value in suitable cases. The

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custom was to pass the *whole hand into the uterus* and turn. As this was often done before the os was sufficiently dilated to admit of the passage of the hand without laceration and bruising of the cervical tissues, or when the patient was so exhausted by previous hemorrhage as to be unable to bear the shock of so formidable a procedure, the results were often disastrous. The operation as thus practiced was frequently more serious than the condition which it was designed to relieve.

The advances of recent years have changed all this, and the method which has given the best results ever obtained thus far in the history of placenta-prævia is still *version*, but performed in quite another manner from the old *podalic* method by means of the hand in the uterine cavity.

The operation which claims your careful study, above all other methods, is that of *combined turning*. To Braxton Hicks are we indebted for the introduction of this procedure and at the time (1860) it was undoubtedly the greatest improvement which had yet been made in operative obstetrics. I do not believe this method has yet received the attention in this country which its merits deserve. The admirable article by Lomer* (*American Journal of Obstetrics*, 1884), has been of great value in placing this method before the profession in its true light. The operation consists in passing *one or two fingers* through the cervix as soon as dilatation has progressed far enough to admit of such an act. The hand of course must be in the vagina to do this, but the cervix itself need not be open more than the width of the two fingers. If the membranes are unruptured they should be punctured with the finger or stilet. If the placenta is in your way try to rupture the sac at its margins; but if this is not feasible, do not lose time, perforate the placenta with your finger, get hold of a leg as soon as possible, and pull it down. The term *bi-manual* of course implies the use of the free hand upon the abdominal wall, acting upon the end of the child's body opposite to that which is reached by the fingers through the cervix. With the leg and breech of the child within the circle of the cervix, the former having been drawn down into the vagina as far as it will come, the ruptured vessels of the placenta are effectively tamponed. *Experience shows that hemorrhage ceases as soon as the above manœuvre is successfully accomplished.*

You will observe that up to this time the treatment has been an energetic, *active* one. From this period the treatment should be of a *passive* nature. As Lomer says: "A quick extraction made now would cause rupture of the cervix and fatal post-partum hemorrhage. Wait, therefore; give the patient time to rally her powers, wait until pains set in, and then assist nature by exerting slow and gentle tractions. If the child is in danger during this time, let it run its risk, let it die if necessary, but do not endanger the mother by quick extraction." If contractions have not set in up to this time they generally do so quickly, the cervix dilates rapidly, and the child is born within one to three hours.

It will be readily understood that the results obtained by the practice of any one method, or by a combination of the best methods known, will vary on account of conditions which are not dependent upon the method itself nor upon the skill of the operator, such as the condition of the mother as regards blood loss previous to the time of being called into the case, the methods which have been previously employed, etc. The method of combined turning seems thus far to have resulted in a greater saving of maternal lives than any other single plan yet pursued. Statistics as to the mortality of placenta-prævia vary greatly; and upon this point it is idle to dwell, for general statistical tables drawn from miscellaneous sources are utterly untrustworthy here as elsewhere in medical literature. Suffice it to say, however, by way of comparison, that the most favorable statistics yet recorded—those of Dr. Robert Barnes (69 cases, with 6 deaths)—showed a mortality of 8.5 %, while a series of 178 cases, collected by Lomer, treated by combined version alone, resulted in only 8 deaths or a mortality of only 4.5 %. This is an unpar-

* Assistant to the University Hospital for Women in Berlin.

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alleled result. Sir James Y. Simpson,* reviewing the treatment in vogue previous to his time, compared the mortality from placenta-prævia with the mortality from yellow fever and cholera. Certainly the time for such comparisons is past. Improved methods of operating and the introduction of anti-septic principles into obstetrical practice have been fraught with most beneficent results. Something should be said here with reference to the fœtal mortality, since from a remark which has been made it may be inferred that the life of the child is of little value when the treatment of combined version is adopted. Here, as elsewhere in obstetrical practice, it is held as sound principle to consider the mother in preference to the child, if either life is in the balance. Statistics, however, do not show that this method is especially more disastrous to the child than other methods. At best the life of the child is hazardous, whether delivered by Nature or by art. From 50 to 75 % of children are lost under all methods.

It will be observed, and the point which I wish to impress most strongly upon your minds is this: that the bimanual turning can be employed at any time after the viability of the child is established, and as soon as the cervix is dilated sufficiently to enable you to introduce two fingers. It is not necessary therefore to wait for dilatation with tents, and the tampon is rarely necessary.

I do not mean to say that tents and plugging are *never* necessary as preliminary to bimanual turning. A hemorrhage of severe proportions may have come on suddenly, and in order to check it before doing anything else, the tampon may be necessary either to give time for recuperation or dilatation of a rigid cervix. But, as I have said, such a condition is not common. Nor is that other procedure, *artificial separation* of the placenta, often required, when bimanual version is the object to be attained. This operation is highly extolled as a means of checking hemorrhage, and is especially indicated when the patient is much exhausted, and it is necessary to gain time for recuperation before resorting to the operation of turning by the old method (hand in the uterus). But bimanual version does away with the necessity for delay, because the operation itself is so comparatively simple and can be performed so early in the history of the case. As an explanation of what is expected to be attained by *artificial separation* of the placenta, I might add that it is performed with the finger through the os uteri, and all that portion of the placenta within the region of unsafe attachment (within the polar zone) is stripped off from the uterus. The result is the release of the tissues of the cervix, retraction and closure of the placental vessels and usually cessation of the hemorrhage. A good result, surely, but after this much is left to nature or art, and the plug or version may still be necessary. The simplest and most direct procedure is the best. In the management of placenta-prævia you must study Nature. Understand wherein she is at fault, and adopt such measures *boldly* and *fearlessly* as will relieve her from her dilemma. Realize the physiological processes involved and the dangers resulting from a perversion of these processes and apply the resources of your art, as we have here defined them, and you will meet with your due measure of success.

* Selected Works, p. 180.

Reminiscences.

SEVENTY-NINE.—This class was rather a precocious one. At the end of their junior year they thought too many questions were given them in physiology. Thereupon they consulted among themselves, and proposed to hold a regular funeral service over them, which was carried out in good style. R. C. Grant, now of Rochester, N. Y., clad in funeral robes, delivered the oration, and J. Goodell was the poet. The questions were duly discussed, their great merits extolled, and a grand procession formed to carry them to their early grave. The black covers used in the dissecting-room diminished considerably for want of black bordered handkerchiefs. The wailing was great, and "Parson" Brown was heard to say that everything went "off" in good shape with the aid of some

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chemicals prepared by Leal. We had the good fortune to become possessed of part of the oration, and we hereby print it for the benefit of those who were not present on this eventful occasion: 987th epistle of Beale to the brethren in Vienna, found in the 1700th book of Kölliker on the Ependym.

And Virchow contradicted Meynert, and Meynert contradicted Reichert, and Reichert contradicted Recklinghausen, and Recklinghausen contradicted Stricker, and Stricker contradicted Beale, and Beale contradicted Kölliker, and yea, verily, our American disciple contradicted them all. Yet even when a double convoluted racemose cell divested of its intestine gland layer shall undergo development, then shall we have formed a primodial utricle that is an independent entity having a separate existence. Selah. But what sayeth the Prophet Recklinghausen? Behold there shall rise a man in the walls of whose stomach shall exist three small nervous ganglia. And they shall be hidden from the researches of all men but one, and he with the microscope shall unearth them. Verily all glory be to the ardent young investigator. Selah. Thus sayeth Kölliker. The development of the olfactory bulbs and corpus collosum from the fifth cerebral resicle of the prosencephalon is a beautifully clear and interesting process, and ably shall it be delineated to the "Jewels." For when the spherical bolus of spurious epithelium shall have firmly lodged in the hypophesis cerebri then by the reflex action of the inhibitory nerves of the heart shall the tubuli contorti undergo fatty degeneration and develop into a perfect embryonic gubernaculum testis. Thus we have conclusively and ingeniously proven that the liver is not a sympathetic ganglion, but, strange as it may seem, Professor Brücke in his laboratory at Vienna hath directly contradicted this able hypothesis. He hath taken the ground that it cannot be thus, for were it otherwise the coronary arteries would be filled by direct prolongations from the protoplasma processes of apolar stellate cells from the ependymal thread and embryonic spot during their systole; but this, remember, has nothing to do with the umphalo mesenteric canal and vesicle. Selah. And now, brethren, let the spirit of enterprise never falter in Vienna, and ever remember my latest discovery, viz., that a starving animal needeth two kilogrammes and three-tenths of albuminous aliment to stay the retrograde metamorphosis of the axyhæmoglobulin in the malphigian tufts of the substantia gelatinosa of Rolando.

Here endeth the first lesson.

The examination in Materia Medica, so much dreaded by other classes, did not have that effect upon this class. While a poor victim would be in the "Professor's Room" to undergo the tortures of the "oral," sixteen of his class would form in the halls for a "Lancers." The music provided for the occasion was the whistle and clapping of hands, and well do we remember how some of this class, who are now dignified professors, enjoyed the fun. Although there was one among them who was pretty well "up" in Materia Medica and rather "short" in Practice, while walking up and down nervously in the Museum Hall, during examination in this branch, was heard to say by the writer: "Well, I have been in thirteen battles in the war, but never was I so scared as I am this evening." When facing the professor he got so nervous that an explosion took place, which resembled a symptom of gelsemium—diarrhœa brought on by mental exertion, *fright*, etc., in the evening. (Lilienthal's Therapeutics, pp. 195.)

He passed Practice successfully, and is now a prominent physician in Kansas City, Mo.

The Faculty prize was awarded to E. V. Moffatt, now Assistant Professor of Materia Medica in our college, who also received the "Millard," "Burdick" and "D'Korth" prizes. J. W. Candee, now at Syracuse, was valedictorian of his class and gained second honor. W. G. Brownell was President and W. M. Decker Secretary of the Hahnemannian Society. C. S. Kinney is one of the staff of the State Asylum for Insane at Middletown. M. Leal, Professor of Chemistry in our college and Surgeon to the Ophthalmic Hospital. E. M. Swift, assistant to the chair of Physical Diagnosis. S. H. Vehslage, Treasurer of the New York County Medical Society. W. S. White, Professor of

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Pathology in our college and Professor of Histology and Pathology in the College and Hospital for Women in this city. W. K. Ingersoll is Professor of Histology in the Hahnemann College of Philadelphia.

EIGHTY.—One of the members of this class was "Gabriel," so named on account of his trumpet. When one day, during the lecture on chemistry, the small oxygen gun exploded prematurely near the trumpet, he was almost knocked over and was heard to say that he thought there was some noise somewhere. J. E. Lilienthal, who will soon leave this city with his distinguished father, Prof. S. Lilienthal, for San Francisco, and who was for a number of years attending physician to the College Dispensary, gained the Faculty prize; and to Carroll Dunham, Jr., son of the great author Carroll Dunham, was awarded the second. J. L. Beyea, tall and stately, who is at present providing the seniors with obstetrical cases, was the valedictorian of this class. W. S. Garusey was President of the Hahnemannian Society, and W. A. Dewey, who is at present Professor of Anatomy in the Hahnemann College of San Francisco, was Secretary. Arba R. Green is Coroner of Troy, N. Y. R. E. McDonald, Demonstrator to the Chair of Gynæcology; S. H. Smyth, Attending Physician to the Dispensary; S. F. Wilcox, Lecturer on Orthopædic and Minor Surgery, Chairman of the Executive Committee of the Alumni Association and formerly President of the Society for Medico-Scientific Investigation.

EIGHTY-ONE.—At the end of this session the venerable Professor of Institutes of Medicine, and now one of the censors of our college, resigned, to the regret of all who knew him. For many years he had filled this chair with great credit, and while interspersing his lectures with short stories, such as "Aristotele's Chicken," "The Woman in the Thunder-storm," etc., he gave the Juniors good, solid information appertaining to Institutes of Medicine. Prof. St. Clair Smith resigned from the Chair of Physiology and was appointed to fill the vacancy created by the resignation of Prof. W. N. Guernsey in Pædology.

C. F. Millspaugh, the author of "Millspaugh's Medicinal Plants," was President and A. B. Norton, now assistant surgeon to the Ophthalmic Hospital, was secretary of the Hahnemannian Society.

The members of this class will undoubtedly remember a meeting of the Society when beans were flung around rather promiscuously—how a well-known person exclaimed: "*This beans is terrible.*" About a bushel of this useful and highly appreciated commodity of Boston was swept up the next day in the Amphitheatre. B. S. Keator was valedictorian of this class, C. S. Elebash and T. C. Williams are Assistant Surgeons to the Ophthalmic Hospital. C. S. Macy, Demonstrator in Gynæcology in our college, C. A. Mayer, now one of the members of the State Board of Health of Kentucky, received the Faculty prize and S. W. Clark gained second honor. H. E. Packer, at present Secretary of the Vermont State Society was Marshall of his class, and well he will be remembered by his dignified bearing when leading the Class of '81 along the aisle at commencement exercises in Chickering Hall.

EIGHTY-TWO.—Two prominent members of this class, C. H. Dunning of this city and J. G. Bowen of San Antonio, Texas, are no more. An obituary notice of both was printed in a former number of THE CHIRONIAN. Dr. Dunning received the Faculty prize, was instructor in chemistry and urinary analysis for several years, and was faithful in the discharge of his duties at the college. His kind disposition made him friends everywhere, and the homœopathic profession lost a young man who surely would have won a high place as a physician. J. G. Bowen was valedictorian and associate editor of *The Southern Journal of Homœopathy*, and was also highly esteemed by all who knew him. To W. N. Bell was awarded the second Faculty prize.

Professor O'Connor, who for eight years faithfully lectured on chemistry and toxicology, and later on Materia Medica, resigned at the end of this term.

O. H. Babbitt, now at Cooperstown, N. Y., was President of the Hahnemann Society, and C. E. Jones, Secretary.

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M. T. Dutcher, now in Owego, N. Y., used to be solicited for stories, which he was able to tell with great efficiency.

F. A. Gardener is a prominent physician in Washington, W. H. King, formerly demonstrator in obstetrics, J. S. Daniels, house physician to the Hahnemann Hospital, not to forget E. B. Lambert, who was notified by the Board of Health of this city—for Mrs. Lambert to keep the children at "home."

ONE WHO WAS THERE.

BORIC acid has been employed with apparently good results as a local anæsthetic in a painful suppurating wound.

Thirty grains of boric acid was dissolved in a half ounce of water, and a pad of absorbent lint saturated with this solution was applied to the wound.

"The wound healed rapidly by granulation."

This was the experience of Dr. A. C. Ewing, as reported in the *American Practitioner*.

The Century for March.

FOR the present month, instead of a battle paper, we have from Mr. Charles F. Benjamin—formerly a clerk in the War Department—his recollections of Secretary Stanton, which give a well-rounded presentation of one of the most striking individualities of the war. Coming after the recent discussion of the relations of McClellan and Stanton, this paper will be read with special attention. A full-page engraving of Mr. Stanton's portrait is printed as the frontispiece of the magazine. "Memoranda on the Civil War" include short communications from General Francis A. Walker on "General Hancock and the Artillery at Gettysburg," from the widow of General Warren in regard to "General Warren on Little Round Top," from Captain William H. Powell on "The Reserve at Antietam," some interesting details entitled "In the Ranks at Fredericksburg"; a poem by H. W. Taylor, an ex-Confederate soldier, entitled "The Rebel Yell," and an editorial announcement of the unauthoritativeness of the article "Life on the Alabama," by "P. D. Haywood," recently printed in the magazine. The battle of Chickamauga will be considered in the April number.

College Notes.

EXAMINATIONS loom threatingly before us.

YOUR idea seems to be correct, but your language, oh! anything but elegant.

SOME one remarked that Professor White is giving the Middlemen tumors this year.

"PROFESSOR: It is found in the posterior, back part of the organ." Oh, Jewett!

"How the deuce can the flexors extend the fingers?" Ask Birdsall and he will explain.

IT is quite laughable to watch a man go down and amputate, but quite another thing when you do it yourself.

THE kindness of Professor Helmuth in exhibiting to the class the results of some recent operations was fully appreciated.

THE next pleasant thing to look forward to is Professor Doughty's "familiar talk" to the students during the hour of his last lecture.

S. W. CLARK, '81, Jersey City, called on Frank the other day to inform him that there was now a young Clark in his household.

THE class supper of '87 was more enjoyable than could have been expected, and the only thing the boys regret is, that it is their last one.

THE Freshmen are doing exceedingly well in the anatomy quizzes this year. We predict a brilliant record for some men in the Class of '89.

W. N. BELL, Ogdensburg, N. Y., should have been noticed in the last issue. He has been present at some of the recent clinics of the college.

THE Freshmen have at last decided to have a class supper. We suppose that the man who wanted the constitution read was on hand at all the meetings.

A COPY of the examination paper in anatomy at the university came recently to our notice. In comparison with our last year's anatomy paper—well, it did not compare.

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THE enthusiastic reception accorded Professor Helmuth on the occasion of his first lecture after his illness is but another evidence of the deep hold which he has upon the students.

STUDENT: "What will produce cyanosis of the face?"

Prof.: "The same cause that will produce it in the hands and fingers. I saw a man hanged once."

PROFESSOR HELMUTH'S remarks at a recent clinic constituted an argument for Homœopathy both clear and convincing. Those who heard him will not soon forget his eloquent words.

CHASE seems to be the lucky man in our class. Recently he has been appointed Assistant at Ward's Island, and is now taking Dr. Carleton's practice, Sundays, for which he is liberally rewarded.

THE Middle men at a Class meeting held on Saturday, February 5th, resolved to have a Class supper this year, and appointed a committee of arrangements consisting of Haviland, Jewett and Hamlin.

J. H. MOORE, '83, who is now practicing in Brookline, Mass., was married to Miss Grace Rhodes, daughter of a prominent merchant of Haverhill, Mass. Several hundred invitations were sent out to their many friends.

C. E. FISHER, M.D., editor of the *Southern Journal of Homœopathy*, who attended a course of lectures at our college a few years ago, has been elected Alderman in the city of Austin, Texas. They say they are honest down that way.

PROF. MCDONALD says "Adam continued to name people until he became tired, then said: 'let 's call all the rest Smith.'" We cannot blame Adam, for some of the Smiths we are personally acquainted with would make any man tired.

MY WHISKERS.

OH! my whiskers, my whiskers, how I wish they would grow,
For the boys and alumni to see,
On that memorable night when wit it will flow,
Oh! how boyish and young-looking I 'll be.

AT a recent quiz in anatomy, the professor was informed that the internal pudic artery supplied the organs of degeneration. The student hastened to change the last word to regeneration, but the professor remarked that he thought the answer was about right in the first place.

PROF.: "When bacteria die they become spores, and lie inert until developed by favorable surroundings."

S.: "Professor, where can we find these spores?"

Prof.: "Right on the bench where you are sitting."

A DIRE calamity befel our venerable janitor. He burned part of his handsome auburn beard, which has been so long the admiration of the smooth-faced Freshmen; aye, and also of the beardless Senior, who is struggling with the first symptoms of a mustache. While looking for a splint under the ampitheatre, the candle he was carrying came too near his flaming beard, and spontaneous combustion took place immediately. He was not severely burned, but it will be several months before he can show such a beard again.

Mistakes.

THE WORDS OF A GENIUS UNKNOWN.

"IT is a great mistake to set up our own standard of right and wrong and judge people accordingly; to measure the enjoyment of others by our own; to expect uniformity of opinion in this world; *to look for judgment and experience in youth;* to endeavor to mould all dispositions alike; to yield to immaterial trifles; to look for perfections in our own actions; to worry ourselves and others with what cannot be remedied; not to alleviate all that needs alleviation as far as lies in our power; not to make allowances for the infirmities of others; to consider everything impossible that we cannot perform; to believe only what infinite minds can grasp; to expect to be able to understand everything."—*N. A. Journal.* (Italics are ours.)

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THE CHIRONIAN

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THE CHIRONIAN.

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THE CHIRONIAN will be sent until ordered discontinued.

WE congratulate the Class of '88 on its selection of the new Board of Editors for the coming year. They are all able men, and we expect to see them keep THE CHIRONIAN in its accustomed place—at the head of college journals.

THE Class of '77 will hold a reunion and informal meeting on its decennial anniversary in the college amphitheatre on the afternoon of April 14, 1887, immediately after the graduating exercises. It is hoped that as many of the class will be present as possible. By order of Committee.

ONE of our exchanges, in referring to the number of hospitals, dispensaries and colleges that have been opened by the "new school" during the past year, calls 1886 the "star" year of Homœopathy.

From present indications this year is not to be far behind. One hospital in this city has been placed in charge of homœopathic physicians and surgeons, and now it is announced that several gentlemen, headed by John D. Rockefeller and David Dows, have offered to subscribe liberally toward a new college building and hospital. We are informed that the Faculty has appointed a committee for securing the necessary building lots. The college will be organized under a new charter, and the name will be changed to the New York Homœopathic Medical College and Hospital. In our next issue we hope to be able to give more of the details.

EXAMINATIONS are upon us. Now comes the test of the three years' work.

And who shall say the test is not severe enough?

Surely one must have considerable knowledge packed away in his cranium to stand the steady fire of questions, oral and written, for six days and nights.

WE print an article from the *Medical Era* in which the "Doctor" refers in his usual pointed manner to a recent note in the *Medical Record.*

So far as the Dean of this college is concerned, the *Record's* assertion is false; but the trickery of the *Record* is proverbial, and we have seldom seen its unfairness more clearly exposed than in the "Doctor's" talk.

A Correction.

IN the preceding number of THE CHIRONIAN, p. 133, the experience of Dr. Wilkins in the use of the *sulpho carbolate of soda* in diphtheria was not sent in for publication, and the doctor is not responsible for errors therein occurring. He does not claim originality in this treatment of septic throat conditions.

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*Notes on Sulphur.**

FROM A LECTURE BY T. F. ALLEN, M.D.

SULPHUR is, above all, a tissue remedy. It is an integral part of the protoplasm, as well as Phosphorus, why, I don't know.

Any proportion of Sulphur which is readily taken into the fluids, and which affects the tissues, does affect the integrity of the protoplasm and we find all manner of tissue changes. The tissue change of Sulphur is *always* destruction, never proliferation. In this respect it resembles Phosphorus, which produces fatty degeneration of tissue without previous fibrous change. Sulphur produces a very marked increase of the secretion of the bile, and the amount of bile poured forth is very great.

Of all the remedies which affect the secretion of bile perhaps Sulphur stands at the head, ranking with Pod., Chel., Berb., Lept., etc.

The increased secretion of bile caused by Sulph. is not changed in character, but is pure bile. That of Pod. is changed; Chel., still more so. Perhaps owing to the increased secretion of bile, perhaps to its action on the mucous membrane, peristalsis is increased and diarrhœa results. I think diarrhœa, with uneasiness from the liver down, is characteristic of Sulphur. After diarrhœa is constipation.

The constipation is characterized by uneasiness throughout the intestinal tract. It is like Nux, with this addition, that Sulph. is felt throughout and precedes the movement, while Nux is felt only in the rectum or colon, and in the *dry* stool of Nux, where there is deficient secretion of bile, there is an irritable condition of the bowel. The Nux stool is light in color, perhaps a condition of partial inflammation in the lower bowel and rectum, with heat, distress and pressure, and with collection of hard fæcal matter in the rectum. Aloes causes heat, pressure and fullness in bladder and rectum.

The Sulph. patient has this difference, he is very irritable. Nux affects the peristalsis of the whole bowel, causing constipation from muscular inactivity. Later there may be loss of desire for stool. Hence it is that early in the history of a constipation you may require Nux, and later you may require Sulphur.

It is extremely difficult to distinguish between these two drugs in old cases of constipation, so that even Hahnemann used to prescribe Sulph. and Nux in alternation, so also did Hering.

You will find in acute diseases, as scarlet fever, that the patient has a "poor habit" of body. Perhaps in a Belladonna case the patient does not get along very well. The matter is that the patient is in a condition in which he cannot get well. If there are any symptoms of Sulph. present, give one dose, wait a few hours, and then give your remedy, and it will take effect. Sulphur is a good intercurrent remedy.

SYMPTOMATOLOGY.

Mind.—The mental state is above all things *irritable.*

Older people who require Sulph. are very sensitive to fancied slights.

Chronic, constitutional grumblers require Sulphur.

Irritable or irascible children require Sulphur.

Mental anxiety, with heat in the head; rush of blood to the head, with great internal pressure in the fore part of the head; great fullness, as though a cord were tied tightly about the head. Confusion; almost impossible to think.

Head.—Headache aggravated by stooping, very like Bry.

Vertigo in stooping.

Sometimes these symptoms come on at night, that is, a Sulph. patient with chronic hepatic trouble, with indigestion and gouty diathesis, will go to bed feeling very well, but these symptoms come on soon after, especially if during the day the patient is cross.

Scalp.—One of the most marked indications for Sulph. is a dryness of the scalp, falling out of the hair, or mal-nutrition of the skin, with an eruption which is aggravated by water. The general characteristic of the Sulph. eruption is dryness and heat of the part; still more important, intense itching. Scratching causes

* These notes have not been revised by Prof. Allen.

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burning, aggravated by water. This aggravation from water is very characteristic.

Eye.—Very little discharge; heat and burning when touched. Sharp, irritable sensation, like little splinter of glass under the upper lid. Sometimes after removing a foreign body from the eye, the patient may feel as though something were still there. I used to be troubled with such cases until I found that Sulph. was the remedy. I always prescribe a few doses of Aconite after removing a foreign body from the eye. If the sticking pain is present afterwards, give Sulph. I think that the Sulph. strikes at the whole condition of the patient.

Ear.—Useful for forms of marked inflammation—catarrhal condition; lack of secretion, dryness, chronic deafness.

Nose.—Marked catarrhal condition. Patient sneezes often and is sensitive to the open air. Very little discharge—something like Sanguinaria; the Nitrate of Sang. is very valuable for dry catarrh.

Face.—A condition which often indicates Sulph. is an affection that has a tendency to formation of little black spots—comedones. You will find them inflamed sometimes and you can squeeze out sebaceous matter like worms. If the secretion is changed by reason of the inaction of the gland, and the glands become choked by dirt, you may wash, but it will not remove the trouble unless you give Sulphur.

Mouth.—Dryness, heat and soreness of mouth and palate. Bitter taste on waking in the morning is marked under Sulph. This is generally associated with slight fur on the tongue. As a rule, the tongue of a Sulph. patient is apt to be red. In this respect it differs from Bry. which is indicated for gastric catarrh with thick, heavy, dry, furred tongue. In children, Sulph. will have the same heat in the head, same aggravation from motion, hot mouth, tongue almost dry but not heavily coated and there will be the great thirst of Bry. You will sometimes be called upon to run the parallel between Sulph. and Bry.

Stomach.—I have seen Sulph. indicated where there is ravenous and capricious appetite. I have seen this condition very marked in cases of worms when Santonine did no good. Patient hot and restless at night; the only remedy was Sulph. I doubt if Sant. will cure one case of worms out of ten.

Gastric catarrh, sour eructations, with more or less heartburn. Nausea, qualmishness, feeling of distress and repletion in the stomach after eating. Very few of the symptoms of accumulation of gas, as under Lyc., which has a large amount of gas after eating a little. Soreness about the epigastric zone. I have seen that symptom in various forms of disease—coughs, pneumonias, gastric troubles, etc., not always muscular, but an internal soreness. Stitches in the stomach, sharp pains. Nearly all the pains of Sulph. are sharp.

Abdomen.—Great increase in the secretion of bile. Pain and soreness over the region of the liver, symptoms of hepatitis, griping about the umbilicus, sharp stitches, feeling of tension and pressure over the abdomen, and rumbling and grumbling in the bowels.

General soreness of the whole abdomen, dependent upon an inflammation of the mucous membrane of the bowels. Subacute enteritis—rarely peritonitis. Sharp, sticking pains, at times associated with feeling of distention and fullness in the bowels—"Bubbles and squirms." Lycopodium has gas in the stomach which passes upward. Sulph. has gas in the bowels, which passes downward. The gas has the horrible odor of Sulphuretted Hydrogen.

Lower Bowel and Anus.—Pressure in the abdomen and rectum, fullness and distention of the lower bowel, bearing down. I have associated these symptoms of Aloes and Sulph. with the circulation in the liver. Every man who has piles has something the matter with his liver.

With Sulph. heat, burning and sticking pains which we do not find under Aloes.

Symptoms as from worms crawling, biting, etc.

How many cases of chronic inflammation and fistula will you be able to heal with Sulphur! Do not operate for fistula on patients of phthisical tendency. You may assist the development of phthisis.

Constipation, with feeling of fullness. Symp-

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toms change from rectal hemorrhoidal veins to liver. Soreness over liver, with much flatus. Sulph. has more or less distress in the rectum. Nux has an uneasy feeling in the bowels.

Sulphur is one of the best remedies to be thought of in worm troubles. It will not only relieve, but will clear the rectum of worms. I very seldom have to resort to local means. Diarrhœa of Sulph. often comes on early in the morning, and is almost painless.

Pod. has large stools early in the morning with great pressure and almost tenesmus; great hepatic remedy—soreness and fullness in the hepatic region.

Dysentery—constant uneasiness and desire in the rectum. Uneasiness before and straining after stool. Very rarely any clear masses of blood, but in shreds and streaks. Equal tenesmus before and after stool. Aggravation early in morning and late in the evening. No prolapsus of rectum. Podophyllum, tenesmus precedes the stool—prolapsus of rectum, as the bowel rolls out it fills up the rectum—diarrhœa may be watery or thin and pasty like gruel.

Jatropha—one of the most valuable remedies for chronic diarrhœa with the watery stool—bubbling and grand splash of wind and water. Rheum—something like Sulph. in character of stool—thin, pasty, gruel-like stool, but instead of being fœtid like Sulph., it has a sour odor. Brown, frothy, sour-smelling stool with morning and evening aggravation, also aggravation by all kinds of food which undergo lactic fermentation. Avoid sweets, starch and fats.

Returning to Sulph., in the urethra we find burning and sticking. An invaluable remedy to wind up chronic gleet after injections have failed—aggravation from water. As a rule, gonorrhœa in persons who are subject to marked catarrhs is difficult to cure. Catarrh may entirely disappear while gonorrhœa is on, and may *not* return with old force after the gonorrhœa has disappeared. Urine—urea increased, salts decreased. Sometimes valuable when there is a fatty film on the urine.

Menstruation.—Delayed, scanty and too short. Pressure in pelvic region. Engorgement of pelvic viscera, apparently as a consequence of the deficient menstrual discharge in young girls in whom the menses have not appeared or appeared late. Interrupted menstruation.

If the patient feels well, do n't give any medicine.

Respiratory.—Dry cough, which wakes from sleep. Dry cough in the evening in bed, which prevents falling asleep.

Aggravation of all symptoms at night. Rarely the remedy in any chronic disease of the thoracic organs, but sometimes in last stages of pneumonia, with hepatization, when there is a dry cough that does not loosen.

Pneumonia is one of the most curable diseases. I have no doubt that, under proper treatment, fully ninety-five per cent. will recover. In hepatization, lung being solid and hard, if patient is restless at night and feverish, threatened ulceration, and shows no tendency to recuperate, give Sulph. Scarcely ever is any other remedy indicated in this condition.

Also in pleuritic effusion associated with Bright's disease.

The same in pericarditis—pericardium filled with fluid—sharp pains in heart—restless, impatient—violent palpitation at night.

Muscles. — General bruised feeling. Pain shooting as with fine needles, sub-acute in character. Burning of hands and feet at night in bed is very characteristic. Chronic rheumatic gout—gouty diathesis. Drawing in the muscles, sharp sticking pain in the joints.

Eruptions.—Perhaps the most frequently indicated remedy is eruptions of all sorts. Especially those skin troubles which seem to relieve or alternate with internal troubles—as chronic catarrhs, dyspepsia, diarrhœa, liver troubles, etc. Internal disorders which have followed suppression of cutaneous trouble.

The characteristic aggravation is from washing. The more one scratches the worse the itching and burning. Bed-sores with itching and burning.

Arnica has lack of sensibility, itching and burning worse at night.

Arsenic.—Dry eruption, never indicated in vesicular, moist eruption—worse after midnight.

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Patient goes to bed all right but wakes up with skin all on fire.

Rhus tox.—Vesicular eruption with thickening, swelling, intense itching, relieved by water. Patient restless and worse at night.

Mezereum is indicated in an eruption which is generally a dry form of eczema, which is very red, sore, intolerably burning, does not suppurate, but destroys the skin by dry exfoliation. I have seen Mez. remove lupus.

Sulphur is a remedy to be given in the course of acute disease, when the indicated remedy does not act, provided you have hot hands and feet, etc. If you have acute trouble in which the patient presents no Sulph. symptoms, I certainly should not prescribe Sulphur.

The Doctor Talks.

("THE MEDICAL ERA.")

"SHRADY is right!" exclaimed the Doctor.

"What Shrady?" I asked.

"George F."

"Right in what?"

"Why, have n't you seen his latest? Here it is, on page 154 of the *Medical Record* of February 5th. It says:

"'HOMŒOPATHY AND HYPODERMICS.—The dean of a homœopathic medical college in this city is reported to have bought another hypodermic syringe recently. This is not what Hahnemann taught; it is not homœopathic.'

"Of course Shrady is right! Hahnemann never taught the dean of a homœopathic medical college to buy a hypodermic syringe. Of this I am positive, for two very good reasons. In the first place, when Hahnemann lived there was no such thing in the wide, wide world as a hypodermic syringe. Neither was there such a person as a dean of a homœopathic medical college. So what I want to know is, how Hahnemann could have taught a person who never existed to buy a thing that never existed? Hypodermic syringes are of modern invention, and it is an utter impossibility that Hahnemann should have taught any one to buy them.

"I see nothing for it but to admit that Shrady is right!"

"'It is not homœopathic,' says Shrady.

"Correct again! Of course it is not 'homœopathic' for a dean to buy a syringe! It is merely a little business transaction between the dean and the instrument-seller. Moreover, it is a very simple business transaction, especially if the dean paid cash for the syringe.

"Again I say, Shrady is right!"

* * *

"But sometimes Shrady is wrong.

"On page 155 of the same number of the *Record*, directly opposite the article already quoted, and so placed that when the journal is closed the two lie face to face, I find the following:

"'PULSATILLA IN ACUTE ORCHITIS.—Dr. Gerard Smith writes (*British Medical Journal*) in the following enthusiastic strain about pulsatilla: 'Having witnessed the striking curative action of pulsatilla in acute orchitis and epididymitis, I should like to persuade others to follow Dr. Brunton's advice and give this drug in inflammatory states of the testicle, epididymis, and spermatic cord. To have it in our power to subdue promptly the intense suffering of such cases is a great blessing; and the relief is so rapid that it is even unnecessary to employ morphine to subdue the pain, while the swelling and the heat subside more rapidly than under any other drug.'

"Now here is something that Hahnemann *did* teach; here is something that *is* homœopathic! Long before there was any such things in the world as hypodermic syringes; long before there were deans of homœopathic medical colleges, Hahnemann taught and practiced the administration of Pulsatilla for the cure of orchitis and epididymitis! And yet, in the year of our Lord one thousand eight hundred and eighty-seven, Dr. George F. Shrady learns from Dr. Gerard Smith, who learned from Dr. Lauder Brunton, who learned from the disciples of Hahnemann, that Pulsatilla is a good remedy in orchitis and epididymitis!

"Why did not Dr. Shrady add: '*This is what Hahnemann taught; it is homœopathic*'?

"Shrady did wrong."

* * *

"When our friends, the enemy, show a disposition to deal with homœopathy in any spirit of justice, they will deserve serious considera-

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tion. But so long as their criticisms partake of the nature of petty fault-finding, as shown on one page of the *Record*, and of unfairness and want of candor, as shown on the opposite page, it were better that we give our attention to the founding of more homœopathic colleges and hospitals, and make no attempt to curry favor with those whose tenders of love and friendship come from the spleen rather than from the heart."

* * *

"Not long since a Boston professor by the name of Bowditch lectured for more than an hour trying to convince his audience that the *only* objection to homœopathists was their name; if this were dropped, all would be forgiven and forgotten, and harmony, like an angel, would dwell in our midst. And yet, when a certain New York journal put into practice this very piece of disingenuous advice, the editor of the *Medical Record* said:

"'*In consequence of its course it is receiving severe criticisms from many of its quondam brethren, while it gets a very unappreciative hearing from the regular school.*'

"A high authority has said that no man can serve two masters, owing to the difficulty involved in pleasing both of them at the same time, but in this instance," remarked the Doctor, "it seems to be a matter of impossibility to please even one." SELAH.

The College Library.

AS no extended report concerning the establishment and condition of the college library has yet appeared in THE CHIRONIAN, we shall endeavor to show our patrons and friends that such a library not only exists but is progressing splendidly, considering the short period of its existence.

Such items as "The library is booming," "The library is a success," have perhaps been read. But our desire is to give a brief account of that library, sufficiently elaborate to convince those interested that we are laying the foundation of a structure to which we may in the future point with pride as the result of an effort made while we yet toiled within the walls of our Alma Mater.

The matter of endeavoring to establish the library on a firm basis and making it a live institution was first agitated by Doctors Woodruff and Mandeville, of '88.

At a meeting of the Hahnemannian Society, action was taken on the subject and a committee appointed.

The committee consisted of the following: Doctors Johnson and Townsend of '87, E. S. Smith and Mandeville of '88, Tuttle and Paul Allen of '89.

Johnson, on account of his duties as editor of THE CHIRONIAN, was compelled to resign and Van Denburg, '87, was appointed to fill the vacancy. In addition, Kastendieck, '88, and Wilcox, '89, were added to the committee.

The Faculty approved the action taken by the Society and encouraged us to proceed.

The ball was started rolling by taking subscriptions from the students.

We were further encouraged by something that spoke louder than words, a truly unexpected and very generous gift from David Dows, Esq.

The time now arrived when the difficult task of the committee began, viz., that of soliciting gifts.

This labor, though disagreeable, was quite successful.

We now have a library-room furnished with table and chairs. For these we are indebted to the kindness of the Faculty. This room is well patronized, showing that our endeavors are appreciated.

It was decided that no book should be taken from the room. This measure we considered necessary because of the disappearance of a former library, the legend of whose existence was handed down to us by "Frank" on our entrance to college.

Also, when we began, we found a nucleus consisting of a few books which had been gathered together by the exertions of several preceding classes, especially that of '86. But for the use of any book one was required to make a deposit of five dollars. We, recognizing

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the truth of the statement made by our genial professor that "the medical student is one of the most impecunious individuals on the face of the earth," concluded that the obstacle of a deposit might be overcome by the afore-mentioned rule.

There are now in the library a number of valuable books, with some money still in the treasury and subscriptions from the various classes.

We extend our heartfelt thanks, a gratitude which words are inadequate to express, to the following donors:

David Dows, Esq.,
Prof. J. W. Dowling, M.D.,
" T. F. Allen, M.D., LL.D.,
" S. E. Talcott, M.D.,
" St. Clair Smith, M.D.,
" C. E. Beebe, M.D.,
" C. McDowell, M.D.,
" W. Storm White, M.D.,
" Geo. S. Norton, M.D.,
" M. Deschere, M.D.,
" G. M. Dillow, M.D.,
" L. L. Danforth, M.D.,
" F. E. Doughty, M.D.,
" W. T. Helmuth, M.D.,
J. H. Vail & Co.,
Journal Publishing Co.,
S. H. Knight, M.D.,
T. F. Kune, M.D.,
E. S. Coburn, M.D.,
W. G. Baker, M.D.,
J. H. Moffatt, M.D.,
H. C. Jewett,
F. A. Mandeville,
F. Dryer,
Students.

The members of the committee spare neither time nor labor in furthering the object in view. There is a satisfaction in toiling for the benefit of others that lures us on.

Each member of the committee sacrifices a certain amount of time each week to act as librarian, as the Faculty cannot make arrangements for engaging one until next term. Other work incident to the position, such as indexing books received, inscribing the names of donors, etc., is cheerfully done.

In financial matters, we endeavor to be as economical as possible. We are satisfied that no money is squandered. Gifts of money are recorded, and when books are purchased they are credited to the persons presenting the money. A record of donors as well as of books is kept.

Regarding the buying of medical works, we here seek the advice of our professors, men of undeniable ability, and thus the books added by purchase are standard editions.

We have felt the need of a library. Here we have an opportunity to consult works that we are unable to purchase. And, as a broad field of reading is necessary to a truly liberal education, we consider it essential that classes should be afforded this opportunity.

I cannot close this article without making an appeal.

Thus far our venture has been an almost unhoped for success. Our only remuneration is the gratifying thought that at some future day, when the library has grown to such an extent as to rival or even eclipse that of other colleges, succeeding classes may learn that it was due to our feeble effort that the library was established.

'T is true we are successful, yet embryonic. Whatever we can do in its behalf shall be done. The question arises, will you alumni and friends assist us.

The foundation has been laid upon which we may build a magnificent superstructure, a tower built by your munificence and our toil.

Do you not feel that you should leave a monument of your generosity in the library of your Alma Mater?

Will not the thanks arising from the hearts of truly grateful students be sufficient reward?

Truly, man does not live merely to accumulate wealth. There must be some pleasure in deeds of kindness.

Is not the cry of the needy searcher after medical truths sufficient to convince you that the object is worthy of your attention?

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Do thou, O Fortune, smile upon us in the future as thou hast in the past and open hearts and hands to assist us in this labor of love. J. T. KASTENDIECK, '88.

Reminiscences.

EIGHTY-THREE.—The most notable event which happened during this term was the presentation of a gold-headed cane to Professor Dowling. Every member of this class will remember with what feeling this beautiful present was received, how the Professor expressed his thanks to the class in acknowledgment of the love and esteem which prompted them to offer this present to their distinguished teacher. The presentation speech was made by J. Z. Lawshé, now at Atlanta, Ga., who acquitted himself most creditably. Another event of great importance was the founding of the Alumni Association of the New York Homœopathic Medical College. A committee was appointed by this class, consisting of Drs. Shelton, now Professor of Toxicology in our college, and also Valedictorian of his class; J. R. Hoffmann, now at Morristown, N. J., who was also Secretary of the Hahnemannian Society, and J. E. Wilson. How successful this association has become, and to what extent it has helped our college since, need not be mentioned here, as most of the readers of THE CHIRONIAN are members, and therefore conversant with all that happened since the organization of this society.

W. M. Pratt, M.D., '61, was its first President; S. H. Talcott, M.D., '72, for 1885; W. M. L. Fiske, M.D., '64, for 1886; and G. S. Norton, M.D., '72, our Professor of Ophthalmology is the present occupant of the presidential chair, with S. H. Vehslage, M.D., '79, as corresponding secretary. A. M. Tracy was president of the Hahnemannian Society; J. W. Ward, for several years resident surgeon to the Hahnemann Hospital, and now Professor of Gynæcology in the Hahnemann College of San Francisco, received the Faculty prize; A. G. Warner, at present resident surgeon to the Ophthalmic Hospital, gained second honors. Among the latter's friends were two, Lawshé and Hermance, who discovered a condition well known as "*floating kidney.*" While dissecting most carefully the viscera, they found an organ resembling very much a kidney, but not attached, as is given in "*Gray.*" Therefore it must be a floating kidney. With great éclat the discovery was made known to their classmates, and the article was shown to Professor Helmuth, who pronounced it a "*spleen.*" How discomfited the two discoverers looked when their hopes for distinction were so rudely dashed to pieces, and silently the object of their great expectations was carried back to the dissecting-room.

Pulver, who was rather short in stature, grew about two feet after the examination by the Censors by buying a very tall hat, and he has never been seen since without this tall-appearing head covering. Shimer has never been heard from since, not even by his creditors. E. C. M. Hall, now at Fairhaven, Ct., was formerly instructor in Chemistry in our college; C. Infield is Coroner at Fort Edward, N. Y.; A. W. Palmer assistant to the chair of Pædology; little Lane, although a great wrestler, helped to promote medical science by proving convalaria during his college year. Rice, handsome and accomplished, although he did not receive the appointment to the Hahnemann Hospital, yet he writes valuable articles in the *North American Journal of Homœopathy*, which show deep research and study.

EIGHTY-FOUR.—During this term the Constitution and By-laws of the Hahnemannian Society were again revised and some good regulations added. Drs. Adams, Pierron and Fulton, '85, were the committee to whom this arduous duty was consigned. Also a new feature was the novel way in which the Amphitheatre was decorated on the occasion of the commencement exercises of the Society. The old original American flag was discarded on that occasion and canopies, arches, etc., were erected under the supervision of C. E. Campbell, the sweet singer from Elmira, who felt so elated over his success that it almost overcame him and had to resort to some innocent stimulation to counteract its effects. A new disease was discovered by Carter, and as it is not found in Text Books,

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not being known by any one outside of '84, it is our duty to tell the reader that it is "*Pneumonia of the Liver.*"

Although there were many good singers in the class no one could surpass C. P. Elebash. Whosoever heard his melodious voice when waiting for the Professor to enter the lecture-room, will never forget it. D. B. Grove used to start the beautiful song, "*The bull-dog on the bank,*" but Elebash put in his best work when the refrain came, "*Bye, baby, Bye oh!*" The people on the street would stop and listen to the harmonious and well-executed melodies and wonder whether a new "*Brignoli*" had made his appearance. He was greatly assisted by Horner, who was about the noisiest little chap among the members of '84, and the only one who could rival the writer in the redness of beard. Howard tried to explain in the quiz how a fibroid tumor could be removed through the fallopian tubes, but did not quite succeed, and Pattee has never stopped to twirl his imaginary mustache. Williams of Brooklyn, who was appropriately called "*the Leucocyte,*" on account of his wandering proclivities. C. H. Helfrich, who is at present aspiring to the degree of "*O et A Chir,*" received the faculty prize; to C. F. Smith was awarded second honor; J. A. McKenzie was President and J. M. Boal Secretary of the Hahnemannian Society. During this term some impromptu prayer meetings were held by some of this class for the benefit of the patients in the wards of the Ophthalmic Hospital. The meetings were quite successful until one Sunday afternoon; while the leader was reading some prayer a small and almost blind boy mistook the shoe of the reader for a well-known vessel and, his bladder being distended to such a degree that he could not control his sphincter urethræ, emptied the contents of his bladder into the shoe of the sanctimonious preacher. Since then no prayer meetings have been conducted by students of this college. Not one of the class of '84 or the succeeding classes will ever forget the great and omnipresent "*Martino.*" How the Professors would dread his appearance, how he would ply them with questions and when they tried to escape from him would follow them even to their carriage door. This name still lives, although the present classes may not know the man, they know the meaning of the often howled word "*Martino.*" When a student approaches the door of the Professor's room, everybody shouts "*Martino,*" and the poor student will turn back abashed and concludes to ask questions at some more favorable time. Dr. Martino is now a prominent physician in Brooklyn, and enjoyed the distinction of discovering the first case of small-pox which occurred lately in the recent epidemic of that dread disease in the City of Churches. N. S. Bigelow was valedictorian of this class and acquitted himself creditably. H. J. Pierron was the only member of this class who could rival Helfrich in the science and art of rolling cigarettes.

On Christmas, 1883, the writer of this was presented with a gold watch and chain by the faculty and students of this college. Two members of '85, at that time in the middle class, and whose names shall be omitted on account of their great modesty, took it upon themselves to lay before their fellow students the necessity of have the college bell for the lectures rung on time. Thereupon each member of the Classes of '84, '85 and '86 contributed his mite and the Professors were also solicited. The result was that as fine a watch as ever a proud mortal would wish to wear, was purchased. Professor Helmuth made the presentation speech, but the writer does not remember one word of it, his heart being so full of gratitude to those who paid such a high complement to one so humble as the writer. The inscription inside of the case reads: Presented to Frank Dryer by the Faculty and Students of the Homœopathic Medical College, Classes '84, '85, '86. Nothing could be appreciated by the writer more highly than this sign of good feeling between the students and an employé of the college, and the gratitude with which this magnificent present was accepted cannot be expressed in words.

EIGHTY-FIVE.—This class was in every respect the best class ever graduated from this college since the writer became connected with this institution. In vivacity it had no equal, in hard, solid study no superior, in good fellowship it

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was remarkable, and good feeling among the individual members was never disturbed in the slightest degree. When this class entered in 1883–4 they thought a class organization would promote their welfare. Thereupon they elected a president, vice-president, secretary and treasurer. The middle class looked upon them as being rather "*fresh*," but '85 kept its counsel, held their meetings undisturbed and at the end of the term had a "*class supper*"—a thing never heard of before. The middle class men soon saw that the '85 men were not so very "*fresh*" after all, so they also formed their organization and had their class supper. The eminent seniors, Class of '83, soon followed the footsteps of '85, organized also, and ever since that time the custom of holding a class supper has been kept up by the different classes. Class suppers have become a fixed institution in this college, and well they are enjoyed by the members, promoting good fellowship and often showing up talent in students which would never be discovered except on occasions where young men meet socially. Another feature was the first appointment of a Library Committee by this class. Some money was donated, and the first nucleus of a library was collected. But the most important and far-reaching occurrence was the establishing of a college journal, THE CHIRONIAN, the first journal published by medical students in this country. What this publication has accomplished since its first issue, three years ago, need not be recalled here. It is known among the alumni and prominent physicians of the United States from Maine to California—North, South, East and West. Some articles from its contributors have been copied by the most eminent journals of the day, and some of its editorials may be compared favorably with those of older publications in the homœopathic school. The Class of '85 may be proud of its offspring, and may rest assured that the legacy left to succeeding classes has been well nourished and is at present a pretty lively youngster. What a hazardous undertaking it seemed to be! What serious misgivings even the most enthusiastic members of the class had! But the Board of Editors was elected, the best men in the class were assigned to the duties best fitted for them, a name was selected, a plate for the front cover engraved and advertisements procured. Every one worked faithfully, and, when the first number came out, a perfect rush took place to procure the first copy. The same interest prevails today. Professors, alumni and students contribute to its pages, and, in regard to appearance, it can well be compared favorably with any publication of its kind as a medical as well as a college journal. The first Board of Editors was composed as follows: E. H. Porter, Managing Editor, who was also Valedictorian of his class, at present Demonstrator of Urinary Analysis in our college, Associate Editor of the *North American Journal of Homœopathy*, Physician to the "*Laura Franklin Hospital*," etc. The first Business Manager was F. R. S. White, and later W. E. McCune, at present House Surgeon to the Cumberland Street Hospital in Brooklyn; L. A. Opdyke, Obstetrics and also President of the Hahnemannian Society; D. R. Atwell, Pædology; E. de Baun, Surgery; J. A. Freer, Theory and Practice; F. S. Fulton, Materia Medica. Dr. Fulton also received the Faculty prize, is at present Associate Editor of the *North American Journal of Homœopathy*, Surgeon to the "*Deaconess*" and "*Laura Franklin Hospital*," and M. J. Hall, formerly Resident Physician to the College Dispensary, was Editor of *College News*. The prognosis of '85 was delivered by M. J. Hall at the Commencement Exercises of the Hahnemannian Society and will be remembered by all the men of '85; it was published in THE CHIRONIAN and was a great effort. J. B. Lawrence, at present Assistant Instructor in Urinary Analysis, will never be forgotten, on account of his artistic accomplishments in the playing of the cornet. G. T. Mosely, who shouted "*louder*" while a professor was lecturing, and which reminded the professor of a story related by Zach. Chandler, when that prominent statesman was speaking in Buffalo. C. N. Paine (*post-morter*), formerly Ambulance Surgeon to the Cumberland Street Hospital, and now located with his classmate, F. W. Best, at Port Jervis, N. Y.

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At the end of this term Professor Lilienthal, the venerable author, and formerly Editor of the *North American Journal of Homœopathy*, resigned, and S. H. Talcott, M.D., Superintendent of Middletown Asylum for the Insane, was appointed to fill his chair on Mental Diseases. Professor S. P. Burdick also left New York City on account of ill-health, and was succeeded by Professor Danforth. F. S. Bradford, so long identified with this college as Secretary of the Faculty and Professor of Theory and Practice, also resigned, and his chair was filled by Professor St. Clair Smith.

ONE WHO WAS THERE.

The Power of the Human Eye.

THERE are eyes, and *eyes*, my dear fellow,
Varieties, "ad infinitum,"
But *his* are very peculiar in kind,
As you 'll see, when I try to describe 'em.

Yes—he 's little, that is if you weigh him—
And he won't measure quite five feet seven,
He has nerve enough though, for three men of his size,
And a head that 's remarkably even.

I said that his eyes were "peculiar,"
Now, you can't say that they 're "melancholy,"
Nor yet that they 're "liquid" nor "fiery"
And to say that they "flashed" would be folly.

They are not at all "dull" nor yet "brilliant"—
They are far from "austere" or "commanding"—
And yet—in a quiz—when he *looks* at a man,
Those eyes will bring that man up standing.

They feel to *me*, almost "electric";
Juniors dread them much more than we do,
And when he is quizzing, they act just as though
They had something outside they must see to.

When once they are on you, they 're kept open wide
'Till you'd think he 'd have symptoms for *Znicum*,
And you cudgel your brains for the answer he wants,
While you silently wish he would wink 'em.

The shock from those eyes is not only felt
By the man upon whom they 're directed,
It is transmitted through both him and his seat,
'Till the man back of him is affected.

As I say, those eyes will go *clear through* a man,
And forcible serve to remind him
That Anatomy *is n't* his very best hold,
And the same with the fellow behind him.

Yes, Anatomy's *hard*, most *awfully* hard,
And I *think* I 'm not *much* of a cynic.
Say! if you ever need advice on such things
Come round some day to his clinic.

W. A. W.

Comments.

(MATERIA MEDICA.)

WHILE we do not believe in wasting time, energy and powder in unprofitable disputations, we do enjoy to note the signs of the times and the rediscovery of vital principles, we may say of *dynamic* principles, in medicine. For those who in their zeal to become "practical physicians" affect to despise "theories," and take no interest in "generalizations," these comments will possess little interest. It is probably a Yankee trait to utilize discoveries, and possibly to despise the system of generalization, by means of which great principles are evolved. A very common saying is: "Well, if I can cure my patient, that is all I care for. I don't care how it is done."

We believe that this sentiment can be carried too far, and the scientific medical man should not be satisfied merely with the power, in the case of his own patients, to treat them to their satisfaction, and more successfully than his professional brothers, but should continually be on the search for guiding *principles*, or, at least, to define for himself (and others) more precisely the sphere of applicability of principles or laws, or of a principle by which he professes to be guided. "*Prove* all things, hold fast that which is good." Let us be skeptical and progressive while we are earnest in the defence and pursuance of that which we firmly believe to be true and reliable.

It is well sometimes, too, as our Professor of Surgery tells us, to inform ourselves upon the "history" of some points in medicine—some of the ideas, principles, "*theories*" even, that have been advanced. That some truly talented men manifest an astounding degree of ignorance (real or affected) in this particular we propose to show from the writings of the Professor of Therapeutics of the Faculty of Medicine, Paris,

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Adolphe Gubler. Very familiar to us as students of the system of Hahnemann is the term *dynamic*, as applied to the effects of medicinal substances.

We are interested to find the same term applied by Professor Gubler,* as though for the first time and in the same chapter in which the homœopathic treatment is classed with purely "moral" means, "amulets and incantations." (We are glad that we have morality on our side.) If we are amused and instructed, as we are both, in the reading of certain passages in Dr. Gubler's celebrated work, we are disposed to give our own readers the benefit of the same.

We quote from the opening chapter of "The Principles and Methods of Therapeutics": †

"Let us first speak of the *psycho-moral* treatment. * * * In a word, there are innumerable circumstances in which you will be obliged to uphold the courage of patients suffering under long and almost fatal diseases; in some cases you will even have to deceive them. It is under such conditions that certain means now out of use—and which I do not recommend—various superstitious practices in archaic medicine have been of use; for example, amulets and incantations." "At the present day we have them in infinitesimal doses; homœopathy is nothing else. You smile? I am able to tell you of a recent instance."

We *do* smile. We also recall some *instances* ‡—"Cantharis for vesical irritation," "Mercury for diarrhœa and dysentery," "Ipecac for vomiting," "Terebinth for bloody urine and pain in the back," "Thuja for warts."

We again turn to Professor Gubler's work, and the smile broadens. We invite our readers to smile with us while we further quote: "The therapeutic agents supplied by imponderable forces are interesting. * * * You all know the influence of heat in the recovery of strength, and you are aware of the influence which light possesses. * * * Besides the manifestation of mechanical effects, of which we have given you some examples, besides the chemical effects which we have just recalled, medicamental substances, in their manner of acting, present phenomena which are connected with molecular physics. These are the effects which I propose to name *dynamizing* and which remind us of what the imponderable fluids produce. * * * Many instances thus occur in which heat, light and electricity are produced. These are well-known facts at the present day, and to dwell merely on those which particularly interest us let me tell you that those mineral waters which rise from the bowels of the earth, possessed with a particular constitution, which has secured for them the name of 'vitalized waters,' carry with them to the surface not only heat, but electricity; so that, even by means of instruments of no great delicacy, the presence of both can be demonstrated, as has been shown long ago by Scoutetten." If Scoutetten should receive credit here, why should not Hahnemann's use of the term "*dynamic*," as applied to medicinal substances, be recognized when speaking of what "*I* propose to call *dynamizing*?" (The *I*-talic is our own.) "It thus becomes evident," he continues, "that those bodies which are endothermic are, in reality, charged with forces, which they yield up under the form of heat, chemical action or light. You know what are 'fulminates'—that is, metallic nitrates; they are highly changeable combinations. It is because of the weak affinity which nitrogen has for the metals that under the influence of the least shock those compounds detonate and liberate forces of matchless potency. * * * Only herein lies the difference between fulminates, like dynamite, for instance, and the molecules of medicamental substances: that while these surrender their force slowly, steadily and without shock, gun-cotton and the nitrates yield up theirs in a violent manner.

In conclusion, while the substances of which we were just now speaking may be considered as Leyden jars of excessive power, medicaments are, so to say, magnetic bars. But there always exists a surrender of force, and under the influence of this yielding up of force produced by

* Principles and Methods of Therapeutics. Gubler. Translation from the French. 1881.

† P. 18, *et seq.*

‡ Various old school authorities.

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the medicamental substance introduced into the economy, structural modifications take place in our organs; our tissues may be said to pass under real allotropic conditions; that is to say, they are either charged or again more or less exhausted, reminding us in the former case of ozone (O^3) or in the latter simply of ordinary oxygen represented by O. What I say to you here is not merely a guess or theory; it is at this day a demonstrated fact. I stated upon observing that sulphate of quinine, without undergoing transformation, had saved from certain death patients impregnated with marsh miasma, that it must have yielded up force; it must have passed into an allotropic condition."

In Chapter II. of the same work (pp. 31–2) we further read: "When we last parted we were considering dynamizing actions. I desire to add this much—that by means of those substances which are capable of yielding up force we succeed in dispensing the organs from the necessity of producing it. * * * This opinion seems to me—and I tell you so in advance—applicable to a great number of medicinal substances. For example, the alkaloids and the analogous principles, which are neutral bodies, glycosides, those substances endowed with such immense power that in almost infinitesimal doses they produce enormous effects (¼ of a milligramme, as in the case of Aconite) seem to me especially to possess this *dynamic* action; that is, they seem, in the selection they make of certain parts, to be especially capable of supplying strength and of exciting the nervous system."

"Almost infinitesimal doses"—"enormous effects"—"*dynamic* action"—"selection of certain parts"—"*moral means*," *to be sure.* Let the good work go on, we cannot know too much, only let the great of the past receive their due, and if, indeed, forces are liberated or developed in the system by medicinal substances, which either *are*, or are *analogous* to heat, light and electricity, let us give to Hahnemann credit and not ridicule, when in a less scientific time he speaks of the "dynamic" or "spirit-like" action of a drug, and conceives of increasing this force by such means as he employed.

IT seems to be in order at present for the big journals to blow their own trumpets to a considerable extent, so we think we will be forgiven if we blow our little penny whistle just a little, to show our readers what is thought of THE CHIRONIAN by men who are well known in the profession and from whose letters we copy the following extracts *verbatim et literatim.* Modesty is a great virtue, but as we were greatly pleased by the number of letters containing not only lucre, but also balm, we think our readers will not blame us when we let them know what is thought of us:

It is an interesting number, well edited, and makes a splendid appearance in the crowd of medical journals.

A. R. WRIGHT, M.D., Buffalo, N. Y.

I have been receiving THE CHIRONIAN for some time. I like it and your enterprise, and am always interested in our college and its prosperity.

H. C. COON, '72, Alfred Centre, N. Y.

Thanks for your promptitude in sending me the back numbers of THE CHIRONIAN. The excellence of that journal is a most happy omen for the future of our school.

THOMAS NICHOL, M.D., LL.D., B.C.L., Montreal, Canada.

I must congratulate you on the success of your enterprise.

I. T. TALBOT, M.D., Boston, Mass.

Enclosed please find ——— for aiding and promoting the success of your most excellent CHIRONIAN.

A. R. THOMAS, M.D., Philadelphia, Pa.

I recognize the good qualities of the publication. E. U. JONES, M.D., Taunton, Mass.

It is a most welcome visitor and I hope to see it regularly for many years.

P. A. BANKER, M.D., Rhinebeck, N. Y.

Hoping that its tone and character may continue at its present high standard.

W. N. BELL, M.D., Ogdensburg, N. Y.

As a class journal THE CHIRONIAN is a success and should be supported by the Alumni and friends of the college.

O. B. GAUSE, M.D., Philadelphia, Pa.

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I was very much pleased this morning to receive THE CHIRONIAN, it carries me back to the old lecture-rooms and the many pleasant days of the past, and trusting that each one who receives it may be as much pleased as myself, I enclose subscription, etc.

J. H. HALLOCK, Walton, N. Y.

My heart is still with my old Alma Mater and its corps of teachers—God bless her and them—one and all, and long live THE CHIRONIAN.

A. A. CAMP, M.D., Minneapolis, Minn.

Success attend your effort.

L. S. BROWN, M.D., Plymouth, Pa.

Your journal is always welcome. It admirably fills the field for which it was intended. May it always prosper.

W. P. FOWLER, M.D., Rochester, N. Y.

In regard to the journal, I must say that it has more *real information* than any journal on my list. Hoping you will meet with the success you deserve,

E. A. WILSON, M.D., Rockville, Conn.

I am a hearty supporter of journal work carried out in medical colleges. It is one of the best "self-educators" for a student during his collegiate life I know of, and I am anxious to further your interest by contributing my humble efforts by way of the *Homœopathic Journal of Obstetrics, Gynæcology and Pædology.*

PHILIP PORTER, M.D.; Detroit, Mich.

We appreciate very much your valuable contribution to our reading-room.

S. E. WILDER, M.D.,
Boston Univ. School of Medicine.

Having more than passing interest in the success of THE CHIRONIAN, having had the honor of serving on its first Board of Editors, I am still pleased with its uniform excellence and sincerely hope you will succeed in not only paying expenses, but have a little over for your successors.

L. A. OPDYKE, M.D., Jersey City, N. J.

THE CHIRONIAN has seemed to us the most practical and efficient in work of all our exchanges, and although we felt when we read it as if we had got hold of Russian and English hashed up together, we are sure many earnest hearts and clear heads are behind the long words. INSTITUTE CHIMES.

I always enjoy reading the college journal, even though I graduated in '74 and many changes have taken place, for many pleasant thoughts are brought back to me upon the arrival of the college representative, THE CHIRONIAN; but many of the old Faculty still remain and I have no doubt still inflict some of the old "chestnut" stories on the classes, even if the subject matter of the lectures is new. I am pleased to see that Professor Helmuth keeps up his Sunday lecture. I well remember the first one in the winter of '73–4, when it was considered a joke. I should like to be able to contribute something of interest and instruction to THE CHIRONIAN, but I am not at present, for I am not much of a contributor as I practice more than I preach. Wishing you all success in the future,

L. L. BRAINARD, Little Falls, N. Y.

The opinions expressed in these letters were not solicited, but were sent to us by men who are only taking an interest in our journal on account, we hope, of its merits, and also of its being entirely controlled by the students of the Homœopathic Medical College, who take all the responsibility, financially, as well as in every other way. We herewith acknowledge our thanks to all those who have encouraged us with their kind words, and, what is also very acceptable, with their subscriptions.

PATIENT: When can I be sure to see the doctor alone?

HOUSEMAID: You had better come during his consultation hours—from two till three. He is always quite alone at that time.

A YOUNG doctor in a new settlement, being asked to contribute toward enclosing and ornamenting the village cemetery, very coolly replied that if he filled it he thought he should do his part.

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College Notes.

LECTURES close on the 26th.

SUBSCRIBERS, pay up your subscriptions, and let us close the year without a deficit.

ACCORDING to the latest reports there will not be more than a dozen Juniors who will come up for Anatomy this spring.

PROFESSOR DOUGHTY, at the close of a recent quiz, declared it the best quiz he had ever had. The subject was the brain.

BIRDSALL surprised the students last week by bringing a fine-looking boy to college with him, and saying it was his oldest.

A. T. SHERMAN, '75, one of the editors of the *Minnesota Medical Monthly*, and whose home is Anoka, Minn., called at the college lately.

F. M. BENNETT, '83, visited his Alma Mater lately, and says he is sure to be at Delmonico's to take in the supper of the Alumni Association.

MR. C. P. OPDYKE has been appointed an Assistant at the Insane Asylum at Morris Plains, N. J., where he has already entered upon his duties.

PROFESSOR DOUGHTY'S "Familiar Talk" of last Saturday was very interesting, and may prove valuable to many a student in the years to come.

WHEN the Dean made his little speech the other afternoon with reference to the new hospital, the applause of the students made the old amphitheatre ring.

Now doth the busy Senior burn the midnight oil, and, like the fabled bee, improve each shining hour, for the days of examination are at hand, the saddest of all the year.

THE annual assessment of the Hahnemannian Society has been declared. Let all pay cheerfully, for we have had a good deal of amusement and some instruction at the meetings this year.

PROFESSOR: I am afraid that you are guessing a little.

STUDENT: Well, sir, this is one of the subjects that I was going to ask you to lecture upon again.

A WORD of praise is due to the Instructor in Histology for the fine course which he has given us this year. Without attempting too much, he has covered the essential points in a manner highly satisfactory to the class.

PROTOPLASMATIC PROLONGATIONS.

A CERTAIN Junior who could not attend his class supper was seen the other night by some of his classmates busily engaged in entertaining some young ladies on the street.

SINCE the 1st of January W. H. Bennett, '89, has filled the chair of Chemistry at the N. Y. Med. College and Hospital for Women. Dr. Hawley, of last year's class occupied the chair during the *early part* of the session.

WE see by the thirteenth report of the Tompkins Square Dispensary that there were treated at that institution 8,946 patients. 24,838 prescriptions were given, and 678 visits made to 282 outdoor patients during the past year.

THE extra demonstrations and quizzes given to the seniors by Professor Danforth were highly instructive and much appreciated by the class. It will not be the fault of the Professor if all the members of the class are not good obstetricians.

THE schedule of the examinations has been posted on the Bulletin, and by April 2d we will know whether we will have passed successfully or at the end found wanting. But time will tell whether or not we will be among the "elected."

'88 Class Supper.

ON the evening of March 10th there assembled at Clark's a company of jolly fellows, collectively known as the Middle Class of the New York Homœopathic Medical College. The occasion was the annual class supper, an event in which every loyal member of '88 takes the heartiest interest. Thirty-three men adorned the festive board when President Woodruff gave the order to fall to. The scene which followed needs no description. Enough to say that the supper was excellent and served in excellent style. During the supper the choristers,

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Messrs. Jones and Clausen, started the songs and the boys all joined in. After a short intermission President Woodruff began the speechifying with a short but pithy opening address.

The programme as arranged by the committee was then carried out, with the exception of the class poem, which had to be omitted, owing to the sickness of Gwynn.

The toasts were all good, but special mention should be made of Hoag's response to the toast the "Faculty," which was replete with dry humor. The class history and class oration by Mowbray and Kastendieck, respectively, were greatly enjoyed by the class.

McGeary described in glowing words the new college building which we shall see when we revisit these scenes twenty years hence. Lack of space forbids mention of the other toasts, but all were very good. The vocal solos by Wiggins and Moriarty were finely rendered and received the encores which they deserved.

Sidney captured the hearts of his audience with the sweet strains which he evoked from his twenty-five-dollar banjo, while Wakeley's violin solo was listened to with most careful attention. Not the least pleasurable feature of the occasion was the presence of menu cards at each cover. Taken all in all, it is safe to say that '88 sustained her reputation for doing things up brown.

THE Juniors, following the lead of '88, held their first class supper at Clarke's, on Tuesday, March 15th. Covers were set for forty.

The menu was of a novel character, and well calculated to inspire the dyspeptic with awe.

After the supper the evening was spent in listening to the programme as arranged by the Toastmaster, Mr. C. P. Opdyke.

The toasts were well responded to by those who were called upon, and teemed with mirth and wit, the usual number of grinds on our Faculty being allotted to each.

The musical part of the entertainment was a most decided success, and speaks well for the *latent* talent of '89, which will show itself in due season.

The menu was as follows:

ORDER OF POST-MORTEM.

DIRECTIONS.

Orbicularis oris relaxed.

1. Homœopathic leuco-plasmatic molluscoidea en demi-occipitalis.
2. Allotropic modifications of protoplasm, et sporadic ganglia, in aqua non-distillata.
3. Olivary bodies, with fibrillated vegetalis.
4. Non-peptonized plantar tissue, cum tubercular tuberosa.
5. Honan muscularis, aux degluted fungi, et vegetating tumors.
6. Ox-filly. holy-margarated, mit verdant gall-stones, à la hygiéne.
7. $C_6 H_8 O_7 + Aq + H_2 O + HOH$—at 0° Cent.
8. Disarticulated rooster [à la Frank] with antiseptic dressing.
9. Lactated $H_2 O$ in frigidity.
10. Troches, pellets, bursæ and calculi.
11. Coagulated serum-albumen, in blastodermic membrane.
12. Pomum Evae and other fruits.
13. Caffein 3x, à la HNO_3 test.

Orbicularis oris contracted.

'88 Chironian Board.

THE following gentlemen will constitute THE CHIRONIAN Board for next year:

Managing Editor, . . . R. E. HINMAN.
Materia Medica, . . . E. S. SMITH.
Obstetrics, ... F. W. HAMLIN.
Practice, ... C. A. GWYNN.
Surgery, ... C. N. PLATT.
Pædology, ... D. H. MCGRAW.
College Notes, ... A. A. HOAG.
Bus. Manager, ... W. A. WAKELEY.
Asst. Bus. Manager, . . F. L. C. DOWE, '89.
Asst. Editor College Notes, W. H. BENNETT, '89.

We bespeak for the incoming board the sympathy and cordial support of the whole college. THE CHIRONIAN is intended to be a paper to which all may feel free to contribute with the knowledge that their productions will be viewed with a friendly eye by the editors, and in the great majority of instances given a place in the paper. The next CHIRONIAN Board has some very able men in its ranks, and all are enthusiastic and anxious that the good name of the paper shall not suffer in their hands. Let one and all lend a helping hand.

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THE CHIRONIAN

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THE CHIRONIAN.

VOL. III. APRIL 12, 1887. NO. 11.

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The editors are not responsible for opinions of contributors.

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THE CHIRONIAN will be sent until ordered discontinued.

THE CHIRONIAN takes pleasure in seeing many of its articles copied by able contemporaries; but they should at least show us the courtesy of acknowledging the source of the articles they deem worthy of copying.

Lately two or three articles have been transferred bodily into the pages of a few journals, and by giving us no credit, leaving their subscribers to infer that the articles were written solely for those journals. Happily, there are but few such pirates.

Copy what you wish, gentlemen, no doubt the temptation is great, but give us credit.

EXAMINATIONS are over, and now for the first time in many weeks we can draw a long, free breath.

The Phos. ac. bottle is empty, the Gels. has been consumed in large quantities, and now that the ordeal is passed we would throw up our hat and yell; but we are too weak for the effort. What with this enervating spring weather and the examination in Practice, all the hilarity has been taken out of us, and we could not even cry "*Martino*" under severe provocation. Some of the alumni will appreciate our dilapidated condition from this astounding fact.

IN those subjects in which two or more professors conduct the final examination, both written and oral, there should be an effort to make the oral uniform, that is, one should ask no easier questions than another. As it is now, if two men of equal ability were striving for a prize, it would be only a question of what professors they came before in the oral to settle the competition.

This causes a good deal of dissatisfaction. It is not right; let the oral be uniform.

WHAT is the use of these terrific final examinations? Are there no other means of finding the validity of a student's claim to the degree of Doctor of Medicine?

We were more interested in the solution of these questions a week ago.

Understand, we do not mean that the standard should be lowered; on the contrary, it should be raised.

We know of no college, allopathic or homœopathic, that gives a more rigid examination or requires a higher standard than ours.

Now that we have passed the final, it is a source of great satisfaction to show our examination papers that others may know our degree was not easily won; yet this fact affords but questionable comfort to those who are coming after.

IT has long been observed that the students are always better prepared and dread an examination less in those subjects in which the most constant and exacting system of

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"quizzing" has been carried on during the term. In this fact lies the solution of the question—"quiz" more and make the final lighter. We realize this is a big subject and there are a good many knotty problems in it to be solved, but we are convinced that it can be carried out with great benefit to the student and satisfaction to the Faculty. The "quiz" should be *every day*, and should contain questions from *all* the work gone over, and not simply from the last preceding lecture. The student, feeling that every quiz *counted*, would be more attentive and would quickly form the habit of systematic preparation in each subject, and the close of the term would not find him with such a vast amount of material to work up for the final.

The result would be no less satisfactory to each member of the Faculty.

The New College and Hospital.

THE necessity for a new college building, with a free hospital attached, has long been apparent to our Faculty and alumni, and efforts have from time to time been made to secure the necessary means for the attainment of this end, but until quite recently these efforts have not been attended with any very marked degree of success. Within the last few weeks, however, the movement has taken on new vigor, which promises, in the very near future, the realization in the fullest measure of our fondest hopes.

A number of prominent gentlemen of this city have come forward and offered liberal contributions, two of them having expressed a willingness to donate the sum of twenty-five thousand dollars each, thus starting the fund upon a very substantial basis; and this has been added to by members of the Faculty and others, until it has swelled to about seventy thousand dollars.

On the 31st ult. a very enthusiastic meeting was held at the residence of Prof. W. T. Helmuth, for the purpose of more perfect organization, and for the arrangement of plans for the future. Prof. F. F. Allen was elected chairman, and Professor Helmuth, secretary. A committee was formed for soliciting subscriptions, and another, consisting of prominent ladies of this city, who will arrange for a large fair to be given during next winter, the proceeds of which will be devoted to the cause. Entertainments are also to be given under the auspices of the ladies' committee. A prominent lecturer has also promised to deliver a course of lectures in the near future in aid of the scheme.

Five thousand dollars have been given for the endowment of a free bed, and another thousand have been given toward the support of the institution. Speeches were made at the meeting and definite plans were mapped out for future work. Upon the whole the outlook is much more favorable now than at any time heretofore, and is to the fullest extent encouraging, as success is now assured, we may say, beyond doubt. Communications from distant members of the Alumni Association are constantly coming in in which a most hearty sympathy and co-operation with the work is expressed; in addition to these substantial aid and support are offered in advancing the work of the various committees, by prominent and worthy residents of this city.

It is proposed that the college and hospital shall adjoin, and that a large and well-appointed operating amphitheatre should be constructed in the upper portion of the hospital, where students may have an opportunity to witness the various operations during the college course.

Bids have already been made for locations, but as yet nothing has been fully decided as to where the buildings will be placed. It is thought by some that a central location would be preferable whilst others favor one in the northern part of the city. The latter seems most practicable at present as being less costly and offering more space. With a continuance of support from those who uphold the standard of homœopathy —and among these we refer especially to the alumni—there need now be no such word as *failure*, and we trust the present enthusiasm may continue, as we believe it will, until we have secured one of the largest and best equipped college and hospital buildings in the country—a creditable monument to the doctrine of Hahnemann, and where that doctrine may be taught

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in a manner which will do credit to the highest and noblest art of the age—the true "Art of Healing."

Operations at Helmuth House.

BY PROFESSOR HELMUTH.

IT is expected that ovarian cysts which have existed for a long time and have been repeatedly tapped, will have numerous adhesions. The following case may be one of the exceptions to the rule or it may show what care and skill can do, even in difficult cases.

Mrs. ——, 35.—The patient first discovered the tumor fifteen (15) years ago, when it appeared like a rubber ball in her abdomen. Was married soon after and the tumor grew rapidly. At this time the patient became pregnant and the weight of both tumors caused much pain. The cyst was tapped and fourteen (14) pints of fluid withdrawn. The child went to full term with a safe delivery. The cyst did not refill for three (3) years, when it was again tapped with a like result, as also a third and fourth time. At the fifth tapping in the previous April more fluid was withdrawn than ever before and the cyst began to fill up rapidly. The patient was then (January) as large as ever and feeling the drain on her system. An operation was now decided upon.

An incision was made in the median line and after stopping all bleeding, the peritoneal cavity was opened. The white lustrous sac of the tumor now came into view. A No. 14 sound passed in between the tumor and the abdominal walls, met with no opposition in any direction, thus showing an entire absence of adhesions. The cyst was now held as closely as possible to the abdominal incision and emptied of some fifteen (15) pints of fluid by means of a Wells trocar. The hole made by the trocar was enlarged and some dozen or more daughter cysts scooped out. The sac of the mother cyst was then easily pulled through the incision and the pedicle ligated with Tait's Knot, severed, cauterized and dropped into the cavity. The abdominal cavity was found by the sponges to be clean and dry and the incision was quickly sewn up with interrupted silver sutures. The pedicle was long and thin, consisting of the corresponding broad ligament, ovaduct and vessels. The walls of the cyst were thick and tough.

Patient made an uninterrupted recovery and was dismissed in less than four weeks. Highest temp., 100½°. Pulse, 89.

The diagnosis of scrotal tumors is ottentimes difficult yet important. One would not care to pass a trocar into a hernia or inject it with iodine, supposing it a hydrocele; neither would one mass. Diffuse hydrocele of the cord has more or less of a cough impulse, but when reduced goes back slowly. Varicocele is pyramidal in shape, knotted in feeling, and after reduction refills when an erect posture is assumed, even if the finger be placed over the ring.

Irreducible tumors may be solid or otherwise, and are principally irreducible hernia, hydrocele, hematocele and sarcocele (using the word in the general sense of a tumor of the testicle). Hematocele are of rapid formation, opaque, globular, and not very hard or heavy. Hydrocele are generally translucent, slow of formation, begin from the bottom of the scrotum, and give no cough impulse. With all these tumors, as well as with sarcocele, the cord will always be found above the tumor.

Solid tumors may be simple enlargements, syphilitic, tubercular, cystic, sarcomatous, cancerous, and cartilaginous. Syphilitic swellings have the peculiar characteristic of almost all syphilitic lesions, freedom from pain; and we have also the constitutional trouble to guide us, as we do in tubercular degeneration. In tubercular troubles the enlargement almost always comes first in the epididymis, in syphilitic troubles in the body, and in chronic enlargements throughout the body of the testicle. Cancer of the testicle is almost always encephaloid; a malignant tumor of the testicle attains a large size in a short time, becomes softened, adheres to the scrotum, ulcerates, and attains a fungus growth. Cystic disease of the testicle is the more frequent of the solid tumors, and may be of a malignant or of an innocent nature. When malignant it much resembles the adeno-sarcoma

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of the breast. In the same tumor are mixed up cysts, fibrous tissue, cartilage with spindle, and round-celled sarcomatous tissue. It is somewhat difficult to diagnose from hydrocele. It is opaque, more globular in shape, very heavy. The veins of the cord will be found enlarged.

CASE II.—Mr. ——. When a boy, while playing ball, was struck in the testicle but soon recovered from injury. Think the injury was particularly on the left side. When a young man with gonorrhœa his testicles were several times swollen and the left one always worse. Last June the left one began to pain and swell and has increased ever since. At present his left testicle has disappeared and a hard globular, opaque tumor has taken its place. The tumor is now the size of an ostrich's egg. It is very heavy, the enlarged cord can be felt above the tumor.

Longitudinal incision was made down the scrotum from the junction with penis to the lower end of the tumor. Tumor was dissected out from its adhesions to the scrotal wall and lifted from its bed. A silk ligature with a Tait's Knot was thrown around the cord and the tumor removed. The stump was cauterized with the Pacquelin and allowed to recede partially up the inguinal canal. The ends of the silk were left hanging out at the upper part of the wound, a drainage tube inserted and the incision sewn with interrupted silver sutures. Some little discharge came from the tube which was taken away on fifth day and the discharge from the pedicle allowed to come out around the silk ends. Sutures removed the ninth day and patient discharged in two weeks.

S. H. KNIGHT, '86,
House Surgeon.

The Importance of Diagnosing Glaucoma Early.

Read before the Society for Medico-Scientific Investigation by C. C. Boyle, '77.

THE importance of making an early diagnosis of glaucoma cannot be too earnestly impressed on the mind of the physician. It is perhaps the one disease, of all that the eye is subject to, that the patient is more apt to consult his family physician before seeing a specialist; for the reason that a neuralgic pain around the eye is very likely to be the first indication of the appearance of this trouble. From this you *are not* to understand that all persons suffering with these pains around the eye necessarily have this disease; but if the patient is past middle life it will be well to bear this symptom in mind, in connection with glaucoma. Besides this supraorbital neuralgia, this affection is accompanied by more or less redness, and increased tension of the eyeball, due to a disturbance of the physiological relation between the secretion and excretion of the fluids within it; the former being normal and the latter being interfered with, due to changes taking place at the iritic angle, generally caused by senility.

Accompanying these symptoms we have the affection of the sight; the patient complaining of not seeing as well; changing his glasses without any improvement. The pain generally becomes very severe, and the redness increases as the disease progresses; but there is an insidious form of this trouble which is accompanied by so few symptoms outside of the failure of sight that, at first, it is very apt to be overlooked or mistaken for cataract, and the mistake not discovered until too late. It is in these cases that the physician wants to be on his guard, and when a patient comes to him complaining of failure of sight, not to take it for granted that, because there are no other symptom except old age, that he is getting a cataract and, perhaps, advise him to let it alone until it grows more; thus losing valuable time and allowing the disease to become so far advanced as to preclude any hope of checking it soon enough to restore sight by the operation of iridectomy. In examining an eye of an old person, without the ophthalmoscope, it is very easy to mistake the gray-greenish reflex from the pupil for a cataract, especially in glaucoma, where the pupil is dilated and the cornea apt to be hazy.

This disease, by the increased pressure within the eyeball, if allowed to proceed, will destroy sight beyond redemption in a short time, by its mechanical action on the optic nerve, causing a

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cupping, and finally atrophy. There are some cases so rapid that iridectomy cannot be performed too soon. There are others which are slower, and our homœopathic remedies will control, but even these need to be watched carefully, and, at the first unfavorable symptom, an iridectomy must be performed, if you wish to save the sight; at times even this fails to stay the progress of the disease. To illustrate, I will give a brief history of a couple of cases:

One, of an old man, seventy-three years of age, first complained of a neuralgia around his left eye, and that his glasses did not suit him.

He consulted his family physician for the pain, who, after trying to relieve him by remedies, sent him to a skillful oculist, who immediately performed iridectomy; but it was too late, the sight was entirely lost; the only benefit of the operation was the relief from pain. Another case, of a man about same age, who lived in the country, noticed that his sight was failing, unaccompanied by any, or very slight pain around the eye, and no redness. The doctor whom he consulted told him he was getting cataracts on his eyes, and for him to let them grow until they were ripe (meaning when he could n't see), and then have them removed. This advice he followed until he could only see light, and then he was sent to me.

On examining his eyes I found, instead of cataracts, that he was suffering from chronic glaucoma of both eyes. I advised, and performed iridectomy on both of them, more for the relief of the slight pain than for any hope of giving him back his sight. The operation was successful as far as to relieve the pain, but the disease had been of too long duration to hope for any restoration of sight.

In both of these cases, had the disease been recognized early, sight could probably have been saved, instead of the unfortunate results which followed. These are only two out of the many that could be given to illustrate the importance of diagnosing glaucoma early.

AT the last meeting of Alumni Association of the Hahnemann Medical College of Philadelphia, Dr. J. W. Dowling, our Professor of Physical Diagnosis, was elected President. The interests of the Alumni Association of our sister college will be well cared for while men of ability like the professor are occuping the chair.

Gonorrhœa Contracted from Catarrhal Leucorrhœa Cured by Permanganate of Zinc.

BY ORANDO S. RITCH, M.D., CLASS '78.

MR. A. E. T., at twenty-eight married, never had been sick but once in his life, when he suffered from Chills and Fever, some fifteen years ago; family history clear, no constitutional disease appearing for three generations back; habits of life temperate, occupation active, health good up to the time of his last sickness, a year ago last November. His wife was a sufferer from vaginimus after her third confinement, which was followed by acrid catarrhal leucorrhœa. So great was this disease that her health was greatly impaired. He had no sexual intercourse with his wife for a long time, owing to this condition; but one night he attempted to have intercourse with his wife, and in about a week presented himself for treatment with the following: A tickling and smarting sensation on urinating, which had increased to pain; the meatus was swollen, the glands penis increased in color and a slight yellow discharge appearing, the whole condition taking on an inflammatory action. Cannabis ind.^{3} prescribed for a few days, pains increasing, foreskin greatly œdematous, the swelling extending nearly the whole length of the penis. Chordee was a reminder of his condition. Acon.^{30} and Can. Ind.^{30} were prescribed in alternation, which seemed to relieve the patient of the severer burning pain, but the discharge was still increasing. The patient was under strict diet regimen; at the end of ten days Acon.^{30} discontinued, and Oil of Sandal-wood, in 10 gtts., given; at the end of a week a marked decrease in all the symptoms, Can. Ind.^{30} continued, and at the end of the fourth week inflammatory action greatly reduced, pain on urinating very slight,

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discharge scanty, not thick or very yellow, but the patient greatly reduced in health. As injections had been avoided at the onset, they were postponed during the second stage, and an attempt to cure without them in the last. Appropriate remedies were continued, until a non-inflammatory condition appeared, showing a slightly yellow mucous discharge, when I prescribed ℞ Zinc Sulph. grs. ii, Aqua ʒ ii, used as an injection every two hours. It had but little effect. This was followed by ℞ Zinc Sulph. ʒ jj, Aqu. Ext. Opii —i, Muc. Acca. ʒ i and Aqua Dist. ʒ v., which had but a temporary benefit; as soon as this injection was discontinued the discharge would appear. At this time he was drinking Deep Rock water; patient examined for stricture, and none found, and as a last resort I prescribed ℞ Permanganate of Zinc grs. iv., Aqua ʒ viii., four injections a day, always after urinating, and in one week the case was cured; the patient was allowed to return to his usual mode of living, and, after the lapse of several months, no discharge, not even colorless, no stricture; can take a full-sized sound from circumference of penis, and again a sound and healthy man. Since that time I have used the above prescription in many cases of gleet and last stage of clapp, as they have appeared at my clinic, with wonderful success. I have recommended it to several of my professional friends, and those that have used it are pleased with its results. As to the case being one of gonorrhœa there is no doubt, and there is no doubt of his taking the disease from his wife, that there is not the slightest suspicions of the wife's purity, or the husband's fidelity towards his wife. As to the cure by the Permanganate of Zinc, I recommend it for a thorough trial, as all I claim for it is what it has done.

320 Macon street. BROOKLYN.

Hegar's Sign of Early Pregnancy.

BY J. NICHOLAS MITCHELL, M.D., PHILADELPHIA.

TO the obstetrician, and gynæcologist also, it often becomes a matter of the most importance to be able to determine pregnancy in the early weeks. The impossibility of determining this fact at such an early period has been termed the opprobrium of the obstetrician, and most authorities have stated in the past that a positive diagnosis of pregnancy could only be determined by the sounds of the fœtal heart.

To arrive at some certain sign, then, has been the constant study of many, but though many signs have been discovered none of them has been found invariably correct in all cases, unless this new one proposed by Hegar will bear the test of many investigations. Like the symptom of absence of menstruation, others, such as the discoloration around the nipples, the kyesteine in the urine and the slate or purplish color of the vagina have been found to be simply presumptive signs, since, unfortunately for the purposes of diagnosis, they are found in other conditions besides that of pregnancy.

Again, other methods that have been proposed are not practicable in general practice, such as the proposal to apply the principles of the telephone, so as to hear the feeble sounds of the fœtal heart earlier than can be done by the ordinary method.

Others have proposed methods which are too dangerous to follow, even if the certainty of the test be allowed, such as Gehrung's proposal to pass the sound into the uterus, to recognize thereby the sensation imparted to the instrument when it touches the fœtus; or Fry's discovery that the temperature of the cervix is one degree, or more, above that of the axilla during pregnancy. If this same variation were found to occur between the vagina and axilla it would be a useful sign, but, unfortunately, such is not the case. There is too much risk in passing anything to the cervix, however, to even put this sign to any great trial. The sign which has been offered by Hegar has, so far as my reading goes, proven of more value than any other, since all who have written upon it and have learned to recognize it are enthusiastic upon it.

Dr. Reiul, formerly assistant to Hegar, says in twenty-two cases it was missed but twice, and discovered as early as the fifth week.

Dr. Compes, assistant to Hegar, has reported six cases.

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Dr. E. H. Grandin says: "I am inclined, from a limited experience, to consider it infallible." He reports eighteen cases. Dr. E. S. McKee reports two cases. In one, from the absence of this sign, he made a diagnosis, which time proved to be correct, that the patient was not pregnant, and in another he diagnosed pregnancy by the presence of this sign.

To these I have to add nine cases where I found this sign present and where I diagnosed pregnancy, and time has proven these diagnoses correct. In two of these pregnancy was not at all thought of, nor was this sign particularly sought after. This has made it, to me at least, a symptom of greater value, since often when one is looking for a peculiar sign or symptom, and has his suspicions aroused, imagination plays a great part.

Besides these, there were two others of great interest. One of them had gone two weeks over her time, and supposed herself, from that alone, to be pregnant. During my absence from the city she was taken with severe flooding when in the street. Finding me absent from the city, she sent for an allopathic physician, who checked the hemorrhage, and said that if she had been pregnant before, she certainly was not so after this hemorrhage. Upon my return home, a week later, she sent for me, and finding this sign of Hegar's present, I diagnosed from that alone that she was pregnant. In a week's time she had another severe hemorrhage, which was likewise stopped, and since then there has been no further trouble, and time has proven that she was pregnant.

In another case, a physician brought his wife to me for examination. She had passed her period but a few weeks. He said that he was sure that she could not be pregnant. I examined her, but could decide nothing. She had no symptom to go by except the absence of menstruation. I advised him to bring her to me again a few weeks later, which he did, and then informed me that he had passed the sound into the uterus since I had made the first examination, as both he and his wife were sure that she could not be pregnant, that a week had gone by, and that as yet she had no discharge. She had none of the usual signs of pregnancy. Her breast had not changed in color; she had no nausea nor any other symptom. Upon vaginal examination, I found Hegar's sign, and by it alone diagnosed pregnancy. Some weeks afterward she miscarried.

It is not necessary to go into the details of all the cases; it is sufficient to say that the diagnosis of all of them was made between the fifth and eighth week. Since it may have happened that the description of this sign has been overlooked by some, I have thought it well to describe it.

During the first few weeks of pregnancy all the change that occurs in the uterus, occurs in the body. From the hyperæmic condition of the uterine body due to the attachment of the impregnated ovum, it enlarges, and this enlargement is most marked in the antero-posterior diameter; furthermore, the density of the uterus becomes markedly decreased to the touch. As a result of these changes, the uterus loses its usual pear-shape; the outline of the body is no longer that of a gradual curve from the fundus, lessening gradually as it approaches the cervix; on the contrary, as Grandin expresses it, "the body bellies out over the cervix in all the transverse diameters, in particular antero-posteriorly, and the organ, instead of being pear-shaped, resembles very much an old-fashioned, fat-bellied jug."

Of course, to determine these changes in the uterus by the touch, requires more or less familiarity with the feeling, shape and size of the non-pregnant uterus, and also with the uterus when changed by disease.

The finger will generally note it best in the anterior cul de sac of the vagina, the sudden bulging out of the body around the cervix being most readily noticed there, from the normal anteversion of the uterus. The other hand being placed upon the abdomen and the uterus felt between the two hands, the softened resilient condition of the uterus will be felt, the slight sign suggestive of fluctuation. Of course, to be perfectly satisfactory, it is best to empty the bladder before attempting the examina-

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tion.—*From Transactions of Pennsylvania Homœopathic Medical Society.*

Is Similia Similibus Curantur a Universal Law, and is it Reliable in Cases of Emergency?

C. H. LAWTON, M.D., WILMINGTON, DEL.

NINETY years have passed since Hahnemann first promulgated the truth of homœopathic law; since that time we, as a profession, have made rapid strides in almost every department of medical science. Our hospitals and colleges and dispensaries are scattered all over this broad continent; our literature abounding in original thought and scientific research is read by thousands of physicians of both hemispheres, but this truth, the very corner-stone of homœopathy, is to-day with a large majority of homœopathic physicians practically in a state of chronic paralysis.

It is deeply to be regretted that there can be found at this late day the shadow of an excuse for discussing a question which should have been settled (and settled forever more than half a century ago); but when physicians professing homœopathy practically ignore it at the bedside, when men eminent in the profession, whose opinions are accepted as authority, advocate the use of palliative treatment in cases of emergency, is it not time we go back to first principles, and ask ourselves, and each other the question: Is Similia Similibus Curantur a universal law? Is it equal to any and every emergency? And if it is, are we not culpable when we sing the song of the siren in the ears of our patients, and lull them into *unconsciousness* by administering a hypodermic injection of morphia? We say unconsciousness, for it is not sleep any more than it is sleep when a man has been knocked into insensibility.

On May 19, 1780, known as the dark day in New England, the Connecticut Legislature being in session, so great was the darkness that members became very much alarmed and thought the day of judgment had come; a motion was made to adjourn. At this one of the members arose and said: "Mr. Speaker, it is either the day of judgment or it is not. If it is not, there is no need of adjourning; if it is, I desire to be found doing my duty. I move that candles be brought and that we proceed to business."

We wish to say in this connection, using the same phraseology as the Connecticut gentleman, that this is either a universal law and of divine origin, or it is not; if it is not, then all this talk about homœopathy is an empty farce; if it is, then it is perfect, immutable, eternal.

A distinguished contemporary once said while addressing a body of homœopathic physicians: "Homœopathy is a method, and it is the method of Hahnemann." If this were all, well might we tremble when we stand by the bedside of the sick and dying with no law to guide, no chart to direct our course.

Again he says: "*It is our supreme* duty to do what we judge best for our patients irrespective of any creed or system." This may be true in part, but it is a dangerous doctrine to advocate without qualification. So long as we work in accordance with law it is all right, but if we go outside of law, it is all wrong.

What would you think of the mariner who, in the face of a storm, threw away his chart and compass, saying: "These things will do very well in fair weather, but now I must use my judgment; I must do the very best I can for that which is intrusted to my care"? You will say: that man is not a responsible being, and his judgment is not to be trusted. But we do this very thing when we put our judgment in opposition to the law of similia.

I might quote from eminent allopathic as well as homœopathic authorities facts and incidents showing their belief in the universality of this principle; but I will not take up too much of your time relating individual experiences; we all have them.

Allopathic physicians sometimes unwittingly practice homœopathy; and when they *cure* their patients, *always*. Send for an allopathic physician to treat a frozen limb. What does he

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do—plunge it into a hot bath? No! This would be fatal; he applies cold to cold, and cures his patient according to the law Similia Similibus Curantur. Send for him in case of a bad burn, and what does he do—plunge the parts into cold water? No! This would be bad practice; he makes applications that are heating in their nature, and cures by the same law. And so through the whole category; heat to heat, cold to cold, emetics for sick stomach, counter irritants for inflammation, and recently they have discovered that "Ipecac will cure inflammatory diarrhœa where there is bloody mucus—a condition that it is often known to produce."

Later still, M. Pasteur, in his investigations, has discovered (?) that he is able to cure hydrophobia by injections of the same poison that causes the disease. Although in the light of homœopathic law this cannot be looked upon as a discovery, the value of these experiments cannot be over-estimated. He has pushed his investigations and researches to a successful issue, and has had the energy, and courage, and faith, to apply the results to the treatment and cure of this terrible disease. For this he deserves the gratitude of the whole civilized world, and will be remembered as a benefactor of his race. In speaking of his method of experimenting, he says: "I first take the poison from the brain of a mad dog; with this I vaccinate a rabbit, which will die within fourteen days; and this gives me the poison for a second rabbit which is vaccinated in the same way. I continue this practice until I have reached the twentieth or twenty-fifth. From these up to the fiftieth the rabbit will die in eight days, and after the fiftieth the animal will become mad within seven days."

These experiments demonstrate three principles: *First*, the truth of homœopathic law. The *second* he claims for himself. He says: "This procedure enables me to determine the most important feature of the treatment, viz., the duration of the period of incubation." *Third*, it proves that the farther we remove our remedies from the crude material, the nearer we approach a point where force is developed, and consequently obtain a more prompt and energetic action.

All who have used the potentized remedies give their united testimony to the fact that they act more promptly than the tinctures or low attenuations, but the writer, we believe, was the first to offer a scientific explanation of this phenomenon. (Transactions American Institute, 1880, p. 217, and later in our article on "Therapeutic Force," *North American Journal of Homœopathy*, Feb., 1881.)

We have said that allopathists practice homœopathy; true, but with this difference: their cures are founded on experiment, and every new cure is to them a new discovery; while we have a law, that, if faithfully adhered to, is an infallible guide. We may be made sick at one time by the same diet that at another time will cure.

A case from practice: An infant three months old had had colic from its birth; the usual remedies had all been exhausted. One day, while talking with the mother about her habits, we asked if she had a craving for any particular article of diet. She said: "Yes, I would give the world for a good mess of cabbage, but I do n't dare to eat it on account of the baby." Here, we said, is the homœopathic remedy; cabbage will cause colic in a healthy babe; it should cure it in one that has it; besides there is evidently a demand in the system (that of the mother) for some element of nutrition contained in the cabbage. We said: "Madam, you may eat all the cabbage you want, and we will take care of the baby." She ate the cabbage, and the baby was cured without any further medication.

A case from observation illustrating the fact that the operation of this law is not confined to the treatment of physical ailments, but is adapted to abnormal mental conditions as well. A lad, the son of a friend, fancied he could have things more to his liking if he should leave home; following out this idea, he one day informed his mother that, if he could not be better suited at home, he would run away. His mother said: "My son, you need never run away; whenever you want to leave home let me

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know, and I will pack your clothes." The boy was cured, and cured according to the law of Similia.

A gentleman came to me to get medicine for malaria. After prescribing for him, he said: "Doctor, I 'm in a bad fix; it is important that I should go down country to-morrow to attend to some business, but it is in a malarial district, and I am afraid to go." I said: "I think you can go with safety; and more than that, I think it will do you good." He looked at me a moment, as though he doubted my sanity; then, seeing I was in earnest, said: "I will go." He went; staid a week, and came back well—cured homœopathically.

There is probably not a homœopathic physician living who does not believe in this law to a greater or less extent. We, therefore, have the aggregate testimony of thousands to prove its existence; but many practice homœopathy in the same way that some professing Christians live their religion. They believe in Christianity; they think they have been converted; they go to the house of God, and hear the gospel preached every Sunday; but they do not put their religion to practical test in every-day life. So it is with these half-and-half homœopaths. They have graduated at a reputable college, they attend all the society meetings, and think they are pretty good homœopaths, but they fail to make homœopathy their sheet anchor in every-day practice, and in an emergency are ready to "strike colors" and "sell their birthright for a mess of pottage."

This brings us to the second division of our subject, viz: Is this law reliable, and is it equal to any and every emergency?

To a purely logical mind this proposition would be self-evident. We would say: this law is reliable because it *is* a law; and a law because it is reliable. When we have discovered a fixed principle, it matters not to what department of this universe we turn our attention; so long as we act in conformity with that principle, we can make mistakes only through an imperfect knowledge in applying it.

God never made an imperfect law, or one that was inconsistent with itself. It matters not whether it is the falling of an apple or a descending snow-flake; whether Niagara voicing in thunder tones nature's grandest oratorio, or a dew-drop trembling on a tiny blade of grass; the operation of the law of gravitation shows the same uniformity in all its manifestations. So, as we have seen with our law Similia Similibus Curantur, it matters not whether we prescribe medicine, or establish rules of diet, or utilize hydropathy, or recommend atmospheric changes; with the same beauty and harmony this law prevails through all these operations.

A case from practice: Mrs. A——, aged 30 years, gave birth to a still-born infant. The history of the case showed that it had been dead several weeks. Labor was natural, progressed favorably; in a short time she was delivered without any serious complications, and had it not been for an appearance of exhaustion and a general relaxation of the muscular fibre I would have felt very comfortable. Suddenly the patient, summoning us to the bedside, said: "Doctor, won't you call mother to put something more under me? I am flooding so that I am afraid it will go through the bed on the floor." "Is it so bad as that?" we asked. She said, "Yes; it seems as though it was pouring from me in jets." There was an anxious expression of the face, which was also very pale; fingers cold; pulse quick and small; respiration slow and feeble. I took it all in at a glance. I had a case of post partum hemorrhage and collapse. This was an emergency, gentlemen, but homœopathy was equal to it; we felt sure of our remedy, it was well indicated, and we immediately gave a dose of Ipecac 30th dry on the tongue and called for water. We then grasped the uterus and endeavored to excite contraction. In the meantime water had been brought, into which we put a suitable quantity of the same remedy. As soon as this was dissolved we gave a second dose, still continuing the manipulations. In a few minutes she said, "Doctor, I am better." The flow was rapidly decreasing and in ten minutes was no more than normal. We waited half an hour and, as there seemed to be no disposition to a return of the hemorrhage, was preparing to leave, when she said, "Doctor

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I *must* change my position; I 'm all cramped up." In that case, we said, you had better be moved before we go. She was moved (only about an inch), but it brought on a return of the hemorrhage almost as bad as at first. This time we did nothing but give the medicine; one dose of the 30th in water, and in a short time it was perfectly controlled. We are aware, gentlemen, that while we, who have tested over and over again the efficacy of our potentized remedies, can accept this report without qualification, there are those who will be slow to believe. Not that they would accuse us of telling an untruth, but they would think our zeal for the cause had led us into error.

But this was not an isolated case, although the worst, it was by no means our first experience; had it been we might well have paled before the awful responsibility that was thrust upon us.

With your permission we will cite one more case: Mrs. B——, twenty-four years of age; anemic; condition characterized by great prostration. She had been an invalid for a long time. At the time of which we are about to speak we were visiting her daily. One night she was taken with profuse hemorrhage, but (as she afterward said to us) "as it was just time for my monthly sickness I did not feel alarmed, and knowing you would be here the first thing in the morning, did not think it would be worth while to send for you in the night." We were called, however, very early in the morning; found her completely exhausted from loss of blood, and still bleeding profusely. In this case we depended entirely on the homœopathic remedy. Ipecac was indicated, and we gave it in the 30th potency; in fifteen minutes from the time we entered the house the hemorrhage was controlled, and in half an hour we left her comparatively comfortable.

Just here we will take the liberty to turn aside and make a few remarks on *the size of the dose.* These quick results cannot reasonably be expected from medicines given in any other than the potentized form. There is as much difference between the operation of a drug potanized, and a drug in its crude state, or in the low attenuations, as there is between a message sent by mail and a communication made by telephone. One may be just as reliable as the other, if we have the time to wait; but suppose a patient is dying at the other end of the line; we would make the quickest time possible. We know that medicine given homœopathically produces at first a temporary aggravation, and relieves by the secondary effect or reaction; this all will admit. Now the *larger* the dose the *greater* and more severe will be the aggravation; it will, therefore, be comparatively longer before we get the reaction; and when we speak of a large dose of medicine given homœopathically we are not thinking of teaspoonfuls, or even drop doses, but of the relative number of molecules in a given dose.

As we have said before, the farther we carry our medicines from the crude material the more nearly we approach a point where force is developed. This force *must be developed somewhere.* Anything taken into the stomach in its crude state, whether nutritive or medicinal, is a foreign body, until separated by digestion into nutritious and innutritious elements, if food; or, if medicine, into medicinal or non-medicinal elements, and thus prepared for assimilation.

Again, if medicine be given in its crude state, this principle must be developed before we get the primary effect of the drug, or in other words, *before we get the homœopathic aggravation.* We are not only losing valuable time, but we are putting extra work on an already overtaxed vital organism, and in addition to this we have provoked an unnecessary, and perhaps fatal aggravation.

Suppose, now, we give a potentized remedy, or one in which the active principle has been already developed by trituration of succession, what will be the gain?

First.—There will be no loss of time.

Second.—There will be no unnecessary expenditure of vital force.

Third.—There will be the least possible aggravation.

Fourth.—Reaction and prompt relief will follow almost immediately.

This is no cunningly devised fable, but as we

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believe, it is one of the grandest truths ever vouchsafed to suffering humanity.

To the physician who will adopt it as his rule and guide in practice, it will be a strength and shield and an exceeding great reward; to the suffering it is the angel of hope, than whom there is no surer earthly friend; it has borne the test of experience and come out pure gold. Hahnemann, Gross, Bœnninghausen, Dunham, Hering and Guernsey have died in the faith, and they touched the highest point in all their greatness when they made the successful application of this principle to the law of Similia. But they have left a rich legacy in trust to those who remain. Dare we accept it? "To do is to succeed—our fight is waged in Heaven's approving sight—the smile of God is victory!"

One more question: Are we not culpable if we ignore, or neglect, or refuse to investigate this great truth? Let our own souls bear witness.—*Medical Advance.*

*Treatment of Organic Stricture of the Urethra by Electrolysis.**

EDWARD S. SMITH, '88.

IT has been said of the great surgeon, John Hunter, that it was "his aim in his practice, even if he could not dispense with the necessity, at least diminish the severity of operations, which he considered were an acknowledgment of the imperfection of the art of healing, and compared to the 'acts of an armed savage, who attempts to get that by force which a civilized man would get by stratagem.'"

While it is far from my purpose to compare some of the triumphs of modern surgery to the "acts of a savage," I believe it may be questioned whether we are not sometimes over-ready to use the knife, when milder measures would be just as efficient and less dangerous.

The removal of an organic stricture of the urethra may appear to the tyro to be a very simple affair; an operation whose limits are easily compassed. But when one considers the structures with which he has to deal, and the relation which they bear to other organs and tissues, the careful surgeon may well hesitate before attempting an operation which, under some conditions, is likely to cost the patient his life.

The extreme vascularity of the structures immediatly surrounding the stricture suggests the danger of hemorrhage, and one extremely difficult to control. Or a febrile condition may be developed which will carry off the patient. Extravasation of urine may take place; a complication by no means pleasant to contemplate.

In the treatment of organic stricture of the urethra, dilatation, cauterization, or the more radical methods of external and internal urethrotomy all have, or have had, their advocates.

But a stricture that has been dilated may again contract, and present a renewal of the symptoms, similar in kind if not in degree.

Of escharotics, Sir Henry Thompson says that "their use is by no means free from painful and even dangerous results, such as violent spasm, retension and even fever." He adds that their action "is liable to be followed by increased induration, and the formation of fresh contractile tissue." *

The same eminent authority avers that after internal urethrotomy "the stricture sometimes shows a tendency to return."

Of external urethrotomy, seldom resorted to, and always to be avoided, if possible, I shall say nothing.

It is as a substitute for these methods in the treatment of the majority of cases of organic stricture that the employment of electrolysis is urged.

This mode of treating strictures has met with various results in the hands of different operators. Dr. Robert Newman, in November, 1885, told "of one hundred cases which remained under observation for periods ranging from three and a half to eleven years without relapse having occurred up to the present time, which were dismissed as cured."

He adds that his "report of the second hundred cases is nearly ready, showing similar results."

* Read before the Hahnemannian Society.

* Holmes' Surgery, p. 799.

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On the other hand, an eminent specialist in electricity declared to me that his success in this department was but indifferent.

Why should there be such a disparity in the results obtained?

This question has been best answered by Dr. Newman, who has classed the causes of failure thus: "1. The operator himself. 2. Wrong diagnosis. 3. Faulty instruments."

The operator, he affirms, should be skilled in urethral surgery, and should have a thorough and practical knowledge of the application of electricity to this condition.

In regard to faulty diagnosis, the old recipe for cooking hare comes to mind—viz., "First catch your hare."

So the authority already quoted would have us be sure at the outset that it is an organic stricture with which we are dealing, and not something else.

Of instruments, the requisites are a galvanic battery, a set of olive-tipped electrodes, insulated except at the tip; an assortment of urethral bougies, sponge-covered electrodes, connecting cords and tunneled electrodes.

The stricture having been sounded, and its size and location determined, an olive-tipped electrode of a size that will engage the stricture is immersed in glycerine, and then introduced, being held gently but firmly against the obstruction. To this the negative pole is attached. The circuit is completed by means of the positive pole, which is applied to the thigh or hand of the patient through a sponge-covered electrode.

After the lapse of a week or ten days a larger electrode is introduced and the process repeated several times until the stricture is removed.

No anæsthetic is required as violence is avoided, and no pain caused. The strength of the current is to be determined by the sensations of the patient. Generally six cells are sufficient. But one electrode is introduced at each application of the current, and should never be followed with a sound. Dependence should be placed upon the current alone, never resorting to violent pushing of the electrode. One stricture, only, should be treated at each *séance*.

It has been urged, and not without reason, that electrolysis has failed to remove strictures in the anterior portion of the canal. As far as I am aware, Dr. Newman is the first to explain the cause of this failure. He asserts that when syphilis complicates the case the application of electrolysis will only cause an increased induration at the affected point, unless internal treatment for the venereal poison be also given. By combining the two he has succeeded in curing even these hitherto obstinate cases.

In the employment of "the mysterious force" in this condition the novice should be cautioned against giving strong currents.

"Have you given electricity a trial for your complaint, madam?" asked a visitor as he took tea with the old lady. "Electricity?" said she; "well, yes; I reckon I has. I was struck by lightening last summer and hove out of the window, but it did n't seem to do me no sort of good." It is the avoidance of such heroic doses that I would advocate in treating stricture.

In determining the advantages of this agent for the cure of urethral contractions we should remember that:

1. It disintegrates the new-formed tissue, thus preventing the possibility of a return of the trouble.

2. When the galvanic current is properly administered there need be no danger of hemorrhage.

3. If neither force nor haste is displayed fever will not follow.

In short, the effect of electrolysis, together with the proper homœopathic remedies, is to free the urethra of all tissue obstruction, and leave the canal normal in size and, as nearly as possible, normal in condition.

The End of '87.

AGAIN another course of lectures has come to a conclusion. The whole number of lectures given and clinics held is 930, with 256 hours of Laboratory work in urinary analysis, microscopy and urinary sediments, conducted

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by Drs. White, Porter and Lawrence. When we look upon this formidable array of numbers we feel thankful that we have finished our course for this season, and look forward to a few months of well-merited rest and recuperation. The professors, although busy practitioners, have, with very few unavoidable exceptions, done their duty most faithfully, and have even given many extra quizzes and clinics which were not on the schedule.

Below we print a complete list, giving each professor's name, and opposite the number of lectures delivered and clinics held:

Materia Medica, Professor Allen	40
" " Professor Moffat	41
Diseases of Heart and Lungs, Professor Dowling	40
Clinics in Physical Diagnosis, " "	11
Ophthalmology, Professor Liebold	7
" Professor Norton	13
Gynæcology, Professor McDonald	40
Surgery, Professor Helmuth	36
Surgical Clinics, Professor Helmuth	20
Medical Jurisprudence, Professor Lyon	22
Anatomy, Professor Doughty	39
" Professor Blackman	49
Genito-urinary Clinics, Professor Doughty	22
Practice, Professor Smith	51
Quizzes in Practice, Professor Smith	7
Chemistry, Professor Leal	78
Obstetrics, Professor Danforth	64
Pædology, Profeasor Deschere	36
Otology, Professor Houghton	12
Dermatology, Professor Arcularius	14
Histology, Professor Dowling, Jr	43
Pathology, Professor White	41
Laryngology, Professor Beebe	13
Hygiene, Professor Wright	8
Physiology, Professor McDowell	85
Mental Diseases, Professor Talcott	19
Diseases of the Kidney, Professor Dillow	22
Orthopædic Surgery, Professor Wilcox	5
Demonstrations upon Cadaver, Professor Wilcox	23
Toxicology, Professor Shelton	9
Pharmaceutics, Professor Shelton	6
Electricity, Professor O'Connor	6
Urinary Analysis, Professor Porter	8

BELOW we print a specimen of the oral examination a student of our college had to pass before the professor, and also the written which was given to the entire class. Comment is unnecessary:

ORAL.

1. What are the branches of the abdominal aorta?
2. What are the branches of the lumbar plexus?
3. What nerves supply the knee-joint? the small finger? great toe?
4. What is the relation of the median nerve to the brachial artery?
5. What is the course of the median nerve? of the ulnar nerve?
6. What is the relation of the external iliac vein to the external iliac artery? of the femoral vein to the femoral artery?
7. What are the pleuræ?
8. Where is the pancreas? Liver?
9. What are the bile ducts? What do they empty into and where?
10. Where is the apex of the heart?

WRITTEN

1. Describe the Nasal fossa.
2. Describe the bony walls of the thorax, and give their relations to the organs contained within the cavity.
3. Describe the ligaments pertaining to the clavicle and the joints the bone assists in forming.
4. What are the attachments of the ligaments of the pelvis?
5. Describe the muscles which displace the shoulder in fracture of the middle third of the clavicle.
6. Give the origin and insertion of the muscles which bound the popliteal space.
7. Describe the femoral artery; its course, relations, and name its branches and where they arise.
8. Describe the arch of the aorta; and mention the structures in relation with it and their position.
9. Describe the inferior vena cava; its position, relations and branches.
10. Name, and give location of the sinuses of the dura mater.
11. Describe the 3d ventricle of the brain.
12. Describe Meckel's ganglion; its location, roots and branches.
13. Describe the intestinal tract from pylorus to anus; its divisions, in their order and their location and its glandular structure.

Paste This in Your Hat.

"I KNOW a doctor who was called from his bed at two o'clock one night, to go and see a child that proved to have a severe attack of infantile bronchitis. When he reached the house this is the story that the mother told:

"'Doctor,' said she, 'we are strangers in Chicago, and when baby was taken sick we

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did n't know whom to send for. My husband went around to the drug store and asked them to call any good homœopathic doctor for us, and the druggist said he would do so. It was twelve o'clock before the doctor came. After examining the child he gave it a teaspoonful of a dark mixture that tasted very bad, and the baby had no sooner taken it than it threw it off its stomach. I said, "Why, doctor, you are not a homœopath, are you?" "No," he replied, "but that does n't matter—I understand both methods, and know how to use homœopathic medicines." Then he said he would leave some Laudanum for the baby—that was the only medicine that would do it any good. As soon as he had gone I threw the Laudanum into the grate. My father was a doctor, and I learned from him that it was dangerous to give Laudanum to a child with its lungs all stuffed up. Then my husband went to the house of a gentleman with whom he is acquainted and asked to be directed to a *homœopathic* doctor, and he recommended you.'

"This doctor carried the child through a critical attack of capillary bronchitis. 'And I want to know,' said he, 'how that mother would have obtained for her child the kind of treatment she desired it to receive—the kind of treatment on which it had been raised from infancy—if there was no such thing as a *homœopathic* doctor? If we should drop the name—as the mugwumps of our profession desire us to—how would people know whether they were sending for a man who would drug a little child to death, or one who would carry it through its illness by the safe and mild methods of Hahnemann? This mother knew—if the allopathic doctor did not—that a child whose respiratory powers are already impaired might be easily asphyxiated by a dose of Opium, and she had sense enough not to be made the victim of the druggist and the drugger.'

"'For my part,' said the doctor, 'I am not ashamed of the name, and I shall be a homœopathic doctor as long as I live, if I can find one other fellow to keep me company. If the other fellow should die first, I would be content to remain the only homœopathic doctor in the world until my time came, and then when I crossed to the Golden Shore the first gentleman I would inquire for would be Samuel Hahnemann.'"—*Era*.

College Notes.

WHO was happier than Benedix?

WERE you plucked in Medical Jurisprudence?

VACATION, that joyful word, now soundeth in our ears!

"WHAT are censors for, anyhow?" Ask Adams and Jenkins.

WHICH knew less of consecutive nephritis, Montgomery or the Doctor?

HOUGHTON AND JENKINS took a trip to Washington after the examination.

ONE censor, in "boning" up for the quiz, forgot to study the pterygoid bone.

FEW things are slower than Justice—the committee on Hahnemannian invitations is one.

OH! who will whoop up the songs when Adams is far away? Some other man, doubtless.

THEY say that some of the Faculty and one of the censors passed an excellent quiz on the "Sanatorium."

THESE are the days when the senior returns his locker-key to Frank, gets the fifty cents and hies him to the circus.

THE only refreshment Birdsall took in an examination lasting from 10 A. M. to 7 P. M., was five drops of China.

SEVERAL '87 men have been taking competitive examinations for the various Hospital positions in and about the city.

THE Class of '87 feel greatly indebted to Professor Smith for his extra efforts in getting them out to the quizzes before the final.

WE always thought '87 was a nifty class, but when we hear that one member took his quiz in the Hoffman House, our opinion is confirmed.

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GOOD SENIOR (viewing the chaos in the amphitheater): Now I think that's a grave mistake.

Bad Senior: It really does lack symmetry.

WHEN the honor roll is read, look out for surprises, as some of the boys have been getting a "cold hundred" in everything, so they say.

TWO of the middle-men requested Professor Doughty to extend his "familiar talk" through two lectures—bet you 'll hear of a wedding soon.

DRS. HUGH M. SMITH, '76, and E. Chapin, '78, have been appointed members of the visiting staff of the Homœopathic Hospital in Brooklyn, N. Y.

"I 'VE crossed off Ophthalmology," said the secretary; "what *more* shall I leave out?" "Wetmore," said the Senior, as he quickly slid down the stairs.

ONE of the Associate Editors was found stone dead in the sanctum the other day, with his cold hand tightly grasping the cause of death—89's class supper poems.

SENIOR: Why, Allen! out of Pathology examination so soon? Must have been easy.

A——: Easy enough for *me*—other fellows 'll be in there an hour or two yet.

"WHAT is a stimulant?" Some of the Faculty must have found life weary towards the close of the term, when a third bench man suddenly developed a mania for "speaking out in meeting."

MARRIED.—On Saturday, April 9, 1887, W. A. Wakeley, '88, and Miss Fannie B. Easton, both of Levana, N. Y. The Class of '88 sends hearty congratulations and best wishes to the happy pair.

PROF. GEORGE S. NORTON'S closing speech was, like all of his lectures, a rare treat. He has given a thoroughly practical course, and has clearly shown that he possesses all the qualifications of an excellent teacher.

WE understand that the class which came up in anatomy this year was the best prepared class that has ever taken the examination. Lest any class should be jealous, we hasten to add that this little remark is made with reference to each class.

THE Class of '82 will have a reunion on the day of the commencement exercises. They will meet in the College Amphitheatre at 12 o'clock on April 14th. The Class of '77 will meet at the college on April 14th, after the commencement exercises in the amphitheatre of the college, previous to the banquet at Delmonico's.

WE hear that the censors examination rattled some of the boys pretty badly. One prominent member of '87, after a hard wrestle with one of the censors, came out looking as if he had seen his grandmother's ghost. He immediately turned to another fellow and said: "Say, what is the difference between direct and indirect inguinal hernia?"

DRS. C. H. HELFRICH, '84, E. J. Pratt, '81, A. H. Hart, '84, C. O. Norton, '85, and H. H. Crippen have successfully passed the examinations in the College of the Ophthalmic Hospital. They not only can "*sport*" an M.D. to their name, but also "O. et A. Chir," which some of the members of our present graduating class would do well to remember, as a physician who passes these examinations will surely have a good knowledge of the diseases of the eye and ear, which can hardly be acquired unless attending the clinics and lectures furnished by an institution like the Ophthalmic Hospital.

NEW YORK, March 31st.

Editor of THE CHIRONIAN:

THE students of the New York Homœopathic Medical College, as a rule, are very chivalrous to the gentler sex, and it is with regret that I learn that the following ladies have been misunderstood and ill-used by some of the Seniors of my *Alma Mater*. Their modesty prevented their spelling out their names, so I write them just as they sounded to me: Agnes Castus, Belle Donna, Ella Terium, Lilly Umtig, Millie Folium and Viola Tricolor. Miss Mattie Medica, where the young ladies board, says that the Seniors in question are not *study* young men, and she "do n't see how in the world any faculty ever let them *gine a colegy*."

COMMUNICATED.

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THE CHIRONIAN

PUBLISHED SEMI-MONTHLY BY THE STUDENTS OF THE HOMŒOPATHIC MEDICAL COLLEGE.

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THE CHIRONIAN will be sent until ordered discontinued.

THIS number of THE CHIRONIAN closes the labors of its present Board of Editors, and the new board, consisting chiefly of members from the Class of '88, will take up the work.

We are happy that we can leave THE CHIRONIAN in better financial condition than we found it.

It has been clearly demonstrated that the Alumni of the college and the profession at large are pleased with the work of THE CHIRONIAN.

We certainly have the opportunity for gleaning original articles of the very highest order, and no journal of its kind has a richer field. In closing we would thank the Associate Editors, who have been so instrumental in lightening the duties of the chief; may their future labors be more remunerative.

IN addition to the usual report of the proceedings of the college, Hahnemannian and Alumni exercises, we print some of the addresses, etc., in full, which will prove of interest to those of our readers who could not be with us during this season of enjoyment and final reckoning.

THE Class of '87 has finished its work in a creditable manner and gone forth to join the great army of Healers, struggling for fame and sustenance.

At the close of its "Middle" year this class had the highest average of any class that ever preceded it in our college. Perhaps the professor who, at the Alumni dinner, remarked that '87 was a poor class, was not aware of the above fact, or it may be that the *intensity* of the occasion beclouded his judgment.

If, during its Senior year, the class has fallen from its high standard, may not some fault in the method of instruction be as potent a cause as the fancied relaxation of the students' efforts?

In class affairs '87 was full of "kickers"; but so united were they on their wants that "they never asked the Faculty for a favor but they obtained it." Take them all in all they were a class of genial, hearty, whole-souled men, whom it was a pleasure to meet and sad to leave. May success attend them!

IT was the remark of many that the exercises of the Hahnemannian Society were a perfect success.

It is not our purpose to review the exercises here, as that is most ably done in the following pages; but we do desire to express our satisfaction in the Society's work during the past year. There has not been a dull meeting in the whole session, and the amount of fines for absences has been so small that the treasurer's

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task has been much easier than it was in former years.

The Society has taken hold of the Library, established it on correct principles and endowed it with a small sum annually.

Much credit is due to President Watts for his untiring zeal in furthering the interests of the Society and bringing about its success, and his efforts were ably seconded by the officers and members.

Valedictory.

MR. PRESIDENT AND GENTLEMEN OF THE BOARD OF TRUSTEES AND FACULTY, FELLOW GRADUATES, LADIES AND GENTLEMEN:

AFTER the tedium of a three years' college course—after its ups and downs of health and hopes, we assembled here to-day to participate in that which, since the dawning of trouble is at hand, is most appropriately our Commencement.

We are here to receive our diplomas—to score the first success in the race we have entered for life. But, Fellow Graduates, in the midst of our exultations, we should be conscious that *this* success is trivial—is fleeting even as Time. To-morrow it will have become an old story, and soberly will we enter into the sentiment of Byron:

> "The lovely toy so fiercely sought,
> Hath lost its charm by being caught."

Let us then set up a new target at a greater range. The laurels which to-day fill us with the natural pride of triumph, to-morrow we should put beneath our feet that we may be elevated to a higher purpose. And as we are assembled here to-day probably for the last time, with our honored Faculty before us, and surrounding us those sweet and important factors of our lives—our friends, let us for a moment recount the changes which Time has wrought among us.

Just about three years ago now some of us, who were sons of frugal farmers, were ankle-deep in the freshly turned furrow ploughing for corn, and dreaming of future glory. Others were tradesmen, who, while they labored through the weary day, were sustained by the stimulating wand of ambition which pointed to this happy hour. Others still were drudging along the heavy path of clerkship, whereon the only bright spots were anticipations and glowing pictures of to-day. We are here now in the realization of those long-cherished anticipations.

Such is the varying tide of a student's life. Yesterday, dejected and borne down by the misgivings of coming examinations—to-day, the law of gravitation seems almost inadequate in maintaining a relation between us and our mother-earth. Yesterday, a smile among us was a ghastly mockery—to-day our faces are distorted with genuine mirth. Yesterday the world was cold and gloomy, overhung by a foul, damp atmosphere of discouragement and dread—to-day serene happiness sits on the throne of tyrannical anxiety and we are overwhelmed with joys—flowers, music, fair faces, good will and God speed meet us on every hand. But, my fellows, while we appreciate these to the fullest extent, we should not forget that flowers will fade and the loudest chords of music die away—that good will and God speed, with their force of encouragement, cannot make us successful men in our profession. That remains for us alone to achieve. Let us not then trust to luck, but calmly consider our position and the chief requirements of a physician.

And first of all, if there is one man above others who should be open to conviction—who should investigate theories—who should stand aloof from the slums of prejudice and self-satisfaction—if there is preëminently one who should be firm and reliant upon his own judgments and constant in his efforts to do the very best his circumstances will permit, I say that man is the physician.

And the man whose post of duty is between life and death, should be a man with a clear head and a calm temperament and his even manner should at once and always proclaim him master of himself. He should not be tied down to a single principle. Principles are like friends: the better they are the more, the worse they are the fewer a man profitably can have.

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Homœopathy is indeed a wonderful law; beautiful in conception, unique in application and in results sublime. Still the great science of medicine is not bounded by the law of similars, or any other single principle. And here I would not be mistaken, for I would rather hear of your abandoning the profession than to hear you deservedly called "pseudohomœopaths," or "mongrels" or "halfbreeds" or collectors of specifics. But, aside from the general forms of disease, there are injuries, and emergencies, and scores of conditions calling for medicinal aid wherein you may justly consider that the degree you receive here to-day is not Doctor of Homœopathy only, but of that broad, evolving, unlimited science—Medicine. Anything but prejudice—anything but being satisfied with the already attained. Let us have professional minds ready to reason, to receive, and to give, and we will become physicians in the truest and noblest sense. Science never took one step in advance through prejudice, but the progress of medicine has been made by the men least satisfied with their own knowledge and attainments.

Then don't depreciate one school of medicine or another; for they are parts of a glorious whole, and that argument against a part detracts from the whole as a profession which you have undertaken to sustain.

And above all don't defame your neighbor, especially if he be a physician and there is an obvious rivalry between you. It will prove a boomerang more destructive to your reputation as a man, than your most brilliant success will build you up as a physician. For as I am persuaded, the people of the community wherein you will settle, as a rule, will seek you or shun you according to your character and your worthiness. Your reputation will soon be framed and you will be known—not as a symbol standing for this school or that; not as a doctor, for that epithet does not signify the one standard article so much as it did. But your trial will be conducted by the best people of the community and *their finer* judgments will rest upon you as you are a *man*, and according to your quality as a physician. Then be upright, be studious, be abreast of the times; and for your profession's sake avoid being one of those to whom Voltaire aludes where he speaks of the "Doctors who pour drugs, of which they know *little*, into bodies of which they know *less*."

And then if you would be men, "Be just and fear not," and be generous to those upon whom God Almighty has seen fit to place the burden of poverty.

There is still another quality which a physician *must* have. He must be able to keep a secret. A professional secret is a trust rested in a physician because he *is* a *physician*, which is understood to imply that he is *trustworthy*. To keep such a secret is to keep honor, to betray it, to take the meanest of mean advantages.

And now, doctors, as you are members of a most benevolent—a noble profession, your mission will be: to relieve pain; to emancipate the slaves of bodily affliction; to repel and wipe away the burning tears of grief—in short, *Friends* to health and happiness, *Foes* to disease and suffering. Your success or failure will depend largely upon your own abstract work. The muses of the painter and the sculptor and the poet have no affinity for the calamitous ravaging of disease. The theologian's inspiration will come not to you in the trying hour of a critical disease. No Supreme Court Judge sits in state to secure your acts against fatal criticism. Your only guide now is your judgment, and your only lawful judge the Almighty. Your prudent silence must overcome the small-talk of great men, and the great talk of small men and the slurs and slings of the disbeliever in your faith. Some of you may have to battle with poverty, with temptations and ailments of your own bodies, but recollect:

> Every struggle brings the goal a little nearer,
> Every hardship makes the prize a little dearer.

Perhaps the most unjust of all the criticisms which will be laid at your door is that idea entertained by some (I hope but few), that a physician, and especially a surgeon, is a creature without a heart—that the sight of blood and the repeated associations with affliction and suffering and death, have severed all the finer

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threads of feeling and sifted from his nature all that may have been sympathetic and tender. Look you! a physician strives desperately to acquire that calmness, which for his patients' welfare and his own, is indispensable, and he is accredited with hardness of heart. O think not, kind friends, that because a man is a doctor he cannot be a man still! What though his hands are sometimes soiled with blood—what though his clothing sometimes bear the scent of carbolic acid and ether — what though his tearless eye has become accustomed to the grim spectacle, Death—what though his duty calls him from the villas of wealth to the hovels of the poor, from death-bed to birth-bed, to the hospital, the operating table, the dissecting-room or the morgue—"A man 's a man for a' that!"

GENTLEMEN OF THE FACULTY—It is my privilege and extreme pleasure to extend to you the hearty thanks of the Class of '87. We thank you for your untiring labors in the lecture-room —for the extra hours you have given us in the quizes and the clinics. We thank you for the splendid gifts which met our solicitation in behalf of the library, and for the kindnesses and innumerable favors you have so generously and so graciously shown this class.

LADIES AND GENTLEMEN—As we meet and part here this afternoon on this Ocean of Time, our salute to many of you must be as is the mariner's, who, while rushing onward through a stormy sea, sights but for a moment the welcome colors of a friendly flag. We appreciate the kindly interest in our welfare which is manifest in your presence here, and most heartily thank you for your patient indulgence.

And now, Brothers of '87: Our companionship as fellow-students is severed. We go from here in as many directions as the spokes radiate from the hub. We can no longer, as a class, enjoy the profits and the pleasures of the lecture-room. Never again will our heroic chorus rend the air between lectures and during those *regretful* hours when a professor is unable to lecture. But in the future every man must stand alone. And besides prosperity and whatever else may be most conducive to your individual happiness, my wish to you all is that in your efforts and your achievements hereafter you may still improve the standard of '87.

Address at the Commencement Exercises.

BY PROF. ST. CLAIR SMITH.

LADIES AND GENTLEMEN:

BEFORE relieving the growing anxiety of these gentlemen as to the names of the prize men, I desire, as briefly as may be, to say a word in regard to our method of determining the successful candidates.

Our course occupies three years, and it is on the general excellence of the student during that time that our final conclusion is based. At the close of the second year, examinations are held in the junior studies and the successful candidates are then admitted to the higher classes. No student is permitted to enter the graduating class until he has passed all of his junior branches successfully. In addition to the lectures in the junior branches, each student is required to do practical laboratory work. This laboratory work consists of the practical study of the microscope, the preparation and examination of specimens of normal and diseased tissues, and of the various sediments. He is also required to do a certain amount of practical work in chemical laboratory, such as testing for poisons, etc. All this work is done under the personal supervision of the professors in these departments or their assistants. I speak of this, as it is a feature of our college course which, so far as I know, is not adopted by any other medical college in the city. Some of the other colleges have practical laboratory courses, to be sure, but they are optional with the student, and can only be obtained by paying an extra fee, or, in other words, are special courses. With us this work is obligatory and is a part of our regular course of instruction.

We feel that too much importance cannot be attached to this, as it gives the student a knowledge of the practical use of the microscope,

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which is so indispensable in the daily work of the physician of the present day.

We have a large corps of instructors, so that every department is thoroughly and minutely taught. We have found that better results are obtained by this method, and we believe that the small faculty is not compatible with thorough instruction in these days of specialties. In almost every department the work is divided among several teachers, as it would be impossible for one man to cover the ground without devoting his whole time to it. For instance, the practice of medicine is divided among five professors, each one of whom confines his teaching to certain diseases. We are thus enabled to give more thorough instruction than one man could give in an endeavor to cover the whole subject. This is equivalent to putting the student under the instruction of specialists in every known disease. We have also added to our corps of instructors gentlemen eminent in such specialties as the eye, the ear, and throat, as these in latter days have become separate branches of the profession. Students are not only required to listen to the lectures of these gentlemen, but are also obliged to pass a satisactory examination on the subjects. I have felt it necessary to go somewhat into detail, that you may understand the amount of work required of the students. The examinations are held at the close of the Middle and Senior years, and are both written and oral. The marks gained in these two examinations are averaged, and the result determines the standing of the student. The examination papers are carefully gone over by members of the Faculty and marked on a scale which has one hundred for its maximum, and an average of seventy-five in all the branches is required of each student for graduation.

Of course one man is often more proficient in a single study than his associates, and, if special prizes were given, many of these gentlemen might be recognized, but, in the absence of facilities for such a general distribution, we have awarded the prizes to those whose work in all branches secured the highest general average. We have raised the standard of the examinations so as to avoid giving a diploma to any one in whose general, as well as medical, ability we cannot place entire confidence.

Presentation of Prizes.

BY PROF. ST. CLAIR SMITH.

DR. FITCH—It becomes my very pleasant duty to offer my congratulations, in presenting you with this evidence of your faithful work at the college.

In selecting the tribute which the college makes to successful study, the Faculty have wisely chosen the instrument by which some of our greatest triumphs have been won, and by whose aid the scientific accuracy of our profession has made its greatest advance.

I commend to you its careful study, its constant use; for its incomparable eye has illumined many dark places; has laid bare the greatest of all mysteries—the secrets of life and death.

I trust that in your hands new discoveries may be made, and unknown facts revealed.

But this can only be accomplished by work—work which you have hardly begun. Completed, it can never be; so long as it falls to your lot to relieve the suffering of men—to answer with patient and untiring effort all the calls which the manifold afflictions of the body must make upon your time and thought.

If you will pursue your work with the same diligence, and care, and faithful adherence to duty, which has marked your college course, you will lay down the burden at the end of your professional life, with the same success, and, better still, with the same consciousness of well-doing as that which on this day marks its commencement.

DR. CROOKS—It is always hard to be beaten only by a head (I speak this from the jockey's point of view), but it shows good mettle and raises the presumption that under other circumstances, and in a longer race, the result might have been different.

There is no question of your earnestness, nor of your ability. The Faculty are proud of your standing, and glad to number among the stu-

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dents of the college two men whose work so nearly reaches their standard of highest excellence.

Recognizing the small percentage which divides you from the first place, they have chosen the same instrument that has been given to your more successful competitor.

If it is not as large nor as complete as his, remember that it is not the size of the lens, but the clearness of the eye at the end of the tube which determines its usefulness.

If Galileo had waited for the perfected telescope, the world might to-day believe the earth to be flat.

In offering my personal congratulations, I have only one word to say—Be diligent; be faithful. You have tasted the fruit of the tree of knowledge, but remember, that in our profession no man can hope for success without hard work and persistent endeavor.

Seek always to raise the standard of your profession, and advance it by original research, new thought.

Your work is not always easy; your responsibilities are always great.

Remember, that if your labor does not always rear its head into the full glare of the noonday sun, its roots sink deep into the heart-soil of a hundred homes.

You have done well! Let this day be an encouragement to you to continue in well-doing.

AN amateur dramatic entertainment, in aid of the Building Fund of the New York Homœopathic Medical College and Hospital, was held on April 25th at the Navarro Apartment House, Fifty-ninth street, Sixth and Seventh avenues. Three large parlors were filled with an appreciative audience. There was a satisfactory attendance and a neat sum was realized.

IN the acute form of urticaria instantaneous relief may be obtained by the use of a very hot bath followed by the topical application of *Chloral hydrate*, ʒ j, mixed with *glycerine*, ʒ j, merely smeared over the affected part.—Dr. E. T. Blake, in *Monthly Hom. Review.*

Send-off to '87.

LADIES AND GENTLEMEN:

AFTER such a send-off as has already been given to the graduating class to-night by their friends (and themselves), it would seem that any feature which an underclassman might attempt to add to the occasion would be superfluous. However, at this stage of the proceedings it is customary for the trembling graduates faltering on the brink of their plunge into the great ocean of active practice, to have a Middleman, as it were, push them off, and in so doing, like the announcement man in the circus, to descant more or less at length on their respective merits and demerits, before they finally disappear from view.

It was not without a sense of misgiving that the speaker began his preparation for this occasion, and even now he must confess to a feeling somewhat similar to that of the proverbial cat in the garret. But remembering that, after all, these are but his "sweet brothers by his mother's side," with an endeavor to assume somewhat of that confidence which a younger feels in the presence of his older brothers, he makes his bow and attempts the part assigned him.

For a speaker to begin with an apology, either on behalf of himself or his subject, is not only trite, but, to say the least, in bad form. In the present instance, however, such a beginning becomes unavoidable by an evidently intentional omission on the part of those preceding me, who thought to hide by neglecting to mention the subject. I refer, as you have already guessed, to that very noticeable awkwardness of manner in the gentleman before you, which is only the more apparent because combined with such a consciousness of their dignity. I hope that an indulgent audience will pardon, overlook the fault, for it is only that of the small boy when he dons his first tail coat, and people begin to call him Mister instead of Johnny. The awkwardness will wear away in time, and every man of them will doubtless wear his title with becoming grace.

While here, it would be unfeeling in me to

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pass without a word those unfortunates who are not with us to-night, because, forsooth, their tail coats did not fit them—were spoiled in the making. In some, the sleeves were too short, others "sagged down behind," while still another could not, by any possible exercise of the tailor's art, be made to fit. But it was all the fault of the tailor. How they besieged his shop before and after hours, how the other boys called them "Martino" for so doing, are matters of history. Let us then wipe away the tear which the memory of their futile efforts calls up, and giving them credit at least for their persistency, go on with the consideration of those who have successfully passed the ordeal, and appear before you to-night as Doctors of Medicine.

Behold them! Possessors of the charm before whose magic spell dread disease will shrink away like the ghost in Hamlet at the approach of dawn! A charm obtained only after climbing mountains of examinations, struggling with torrents of lectures, and vanquishing many a bug-bear quiz. Do you wonder that they have come out of the struggle with minds richly stored with knowledge, and with courage steeled to grapple with the profoundest questions of scientific discussion? It is known that some of them have already carried original investigation into new fields, and have pushed their enquiries to a point never before dreamed of. Indeed, originality of thought is one of the chief distinctions of this remarkable class. One of their number, for instance, has gone so far as positively to assert that the mastoid process of the temporal bone is a "delusion, and a snare, and a hollow mockery," and never had existence but in the imagination of some flighty anatomist. Another brilliant mind proposes the name of a plant for one of the muscles of mastication, while a third, in asking "whether single-tube microscopes are as good as bivalve ones," has propounded a question in differential diagnosis which is not only unique in its originality, but startling in the boldness of its conception. "A very shell-fish question," says the literary man of the class, "and opening up half a dozen roars of b'oysterous applause among his admirers."

But though a class of earnest students—serious, sober, sedate grinders, regular "grave-diggers," in fact—yet it is not upon this alone that their claim to distinction rests. The symmetry of the class as a whole is one of its greatest charms; the uniform gradations in breadth and depth, from the ample and wise Bleecker, lover of peanuts, down to silent unobtrusive Miller, whom you would think afraid to say his soul's his own, did you not know him.

The attractions of the class are no less remarkable than their acquirements, and there is more truth than fiction in that remark by one of the gentler sex when speaking of Jenkins' elegant figure, that, though lacking entirely in the ability which we all know him to possess, he could yet travel on his shape alone and be assured at once of a most lucrative practice. Dr. Jenkins is the President of the class, you know; class poet, etc. Further, there is no doubt whatever that for Stewart there exists a priceless treasure in his shiny, polished pate, destined ever to act as a luminous and successful lighthouse, and making his life one continual realization of his boyhood's fondest dreams about what he will do "when his ship comes in." Witness too, the already brilliant success of that devotee of Diana's sport, the "Chase," with the sex and all its attendants and imitations, from real flesh and blood down to a papier maché lay figure in the college lecture-room.

And at this point it may not be amiss for me to say, in a stage whisper, so to speak, that there yet remain in the class several men who are unmarried and even unengaged, and that though I have not been commissioned to set up an "Auction Extraordinary" for their disposal, yet I can confidently advise any young lady present, who may be in search of a young and penniless physician with good prospects, that she can not do better than to select a husband from this famous Class of '87. But this merely in passing.

There are other bright men in this wonderful class—men who know the value of thorough scientific training, and yet who realize how vain

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is knowledge without an appearance of experience, and wisdom without the indicia thereof. Mindful of the fate of the two beardless, though able students who were refused admittance by the patient who "did n't want no boys to tend to her case," they have cultivated the beard of the student-hermit, and the countenance which should be "sicklied o'er with the pale cast of thought." But waste not your sympathy upon them. The beard is but the result of using their razors to open jack-pots, and their faces are "sicklied o'er with the pale cast of the dice." But the effect is good, as you see, and the poor patients will be none the wiser.

By what strange perversity of nature it happens that in the most carefully nurtured families black sheep will be found can no more be explained than the fact that it is always the deacon or superintendent of the Sunday-school who runs away with the funds. So an explanation I will not attempt, but merely mention that it is more than hinted that these men have "Crooks" among them.

And jolly lads, too, are some of them. Often have they met, like their knightly ancestors with hands embrued with gore, at Arthur's Round Table and told their merry jest or tale of blood, while jokes from Jersey and gags from Gotham alternated with blood-curdling songs of godless glee and "psalms and hymns and spiritual songs" led by the goodly Dr. Watts. And if their loving cups were human skulls, and their beverage blood-red wine, who shall say that the operation was not strictly in the line of their duty and that they were not, by hardening their sensibilities, learning to subdue their nerves and getting into trim to exercise their calling with that cruelty which is only kindness in disguise?

(I have learned since writing the above that the "blood-red wine" was only "Adams'" ale.)

For the following pen picture of the Class of '87 I am indebted to Frank Dreyer's "Reminiscences" as they will appear in a future number of THE CHIRONIAN. He says: "As we ascend the long stairs on our way to the amphitheatre we suddenly stop, our hair stands on end, and we are riveted with terror to the spot, for a noise assails our ears which it is beyond the power of words to describe. Combine the yells of all the savages in Buffalo Bill's Wild West with the din of a Chinese band and the maniac howls of a troop of African hyenas, and you have but its faintest semblance. As we gain courage to approach the source of all this confusion what a scene meets our gaze! It is the Class of '87, but alas, how changed! What of the once grave and reverenced Seniors? What of their dignified and philosophical demeanor? All for the time is laid aside, and with a facility unaccountable every man of them has transformed himself into a dancing, howling Dervish, while each individual head has become a target for his neighbor's cushion. The floor is covered with triturated lamp-shades and the air filled with potentized dust and the smoke of the deadly cigarette, while seated cross-legged on the professor's table, like Gabriel Grub's goblins on a gravestone, sit the Senior quartette and lend their voices to the general uproar. Suddenly, in the midst of the smoke and din of battle, the face of the Dean appears, and when order has been in a measure restored, Fitch endeavors to explain that this is not 'rowdyism,' but merely an erratic manifestation of genius."

Finally, ladies and gentlemen, let me call your attention to that unique product of the century, Dr. Benedix, German to his heart's core, and English only with the greatest difficulty; and in passing my encomiums upon him, let me sum up the list of his accomplishments by repeating a story, said to have been first told about one of the Doctor's own patients. It was the occasion of a send-off, the only one that Hans Spiegel had ever attended, and that happened to be his own funeral. The mourners had all assembled around the grave, but there was no German band to play a funeral dirge, nor minister to perform the last sad rites. All stand about for some time in silence. Finally one gray-haired old man, thinking that some word of respect ought to be said for the departed, turned to his neighbor and remarked, "Vell, he vas a great schmoker."

For this class, we middlemen, who have been watching them so long, predict a great and glorious future. In fancy I can see one stand-

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ing by the couch of his fashionable patient, who suffers only from repletion of food and lack of exercise, gravely advising her that the starch in her stomach is gradually turning by the chyle into cane sugar, and that into sugar cane. Hence the trade winds. Or another philosopher profoundly urging exercise of the orbicularis oris muscle for a fit of the hypos. We shall greatly miss them, I trow, but we can only keep saying to ourselves that our gain is the community's loss, and girding up whatever loins we may happen to have with us, struggle with increased zeal to take, if not to fill, the place left vacant by them. Bear with me a moment, while I turn to them as they sit, waiting only my little capstone to complete the temple they have reared through three years of patient toil.

GENTLEMEN—For you the day of preparation has passed; the day of trial is at hand. Hitherto your friends could only promise for you; now you are called upon to fulfill. Yours is a noble destiny! To lessen the suffering of the world! To increase the sum of human happiness! To smooth the path to the grave as you have made safe that to the cradle! I congratulate you. I, a raw recruit, look with pride upon your disciplined ranks. Here you have been under the direction of well-chosen leaders; hereafter you will be the captains of your own salvation. Quit yourselves like men. Above all, stand fast in the faith. But, while never ashamed of the school to which you belong, while ever ready to defend its teachings, yet let it be your aim to be physicians in the broad sense of the term, and not homœopathic cranks. Let it never be said of any of you that he wears his hair long, and poses as the only living follower in the footsteps of the "Great Master." Then a word of worldly wisdom: Do n't open an office on a side street and display your shingle on the woodshed door.

And now the time has come for us to part. For the college I can say, and that truly, we regret your going. For the Class of '88:

"One only sadness you 've bequeathed, the sorrow of your leaving us.
Farewell! Farewell!"

Prognosis.

"MANY are the wonderful things, and naught is more wonderful than man. He even sails beyond the sea, and the supreme of divinities immortal. 'Undecaying Earth' he furrows. And he hath taught himself language and lofty wisdom. Death alone he hath not vanquished. Yet hath he devised remedies against baffling disease."

LADIES AND GENTLEMEN—I am called upon to-night to perform an impossibility, to foretell the future of human lives, of wonderful men—*most wonderful doctors*—who have even devised remedies against baffling disease.

I must open a book sealed from the foundation of the world, and read from its pages that of which prophets have dreamed, poets have sung, witches have crooned, and all men have in vain desired to know—the future.

The seers are dead, the oracle at Delphi is cast down, the unknown can no longer be read in the quivering entrails of birds, nor in the face of the starry sky.

This is an age of skeptics and of critics.

People to-day will not even believe that a doctor is infallible. How, then, will you believe my prophecy, or listen with credulity to my prophetic auguries? But I cannot be silent. Even before entering to any extent upon the active duties of a medical man's life, I am asked by fifty importunate associates to give my professional opinion in regard to their case, and to do this publicly.

My patients (my patient fellow-classmates), some anxious, some hopeful, sensitive friends, curious neighbors and expectant sweethearts, all alike warn me that I must be guarded in my prognosis. Like the photographer, I must paint a picture that shall be recognized. Like him, also, I must please my subjects and satisfy their many friends. The rock of displeasure is on the one hand, and the gulf of falsehood upon the other.

As you, my classmates, are most directly concerned, you must fortify yourselves, that you may not be too greatly depressed by an unfavorable opinion, nor too much elated by a favor-

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able one. Remember that—true to our principle—great joy may kill as well as cure, and if too large a dose is presented you to-night in the shape of dazzling prospects, bottle up the excess for future use, or share it now with your sympathetic friends. But if, on the other hand, you are inclined to dispute the opinion of your associate, as doctors sometimes do, I only ask for myself that degree of leniency which we all of us hope to receive in the early part of our professional careers.

Three years ago we launched our barks together on the broad stream of a medical education. Our captain and our pilots had sailed the same course, and coming back from the outer sea, they furnished us with chart and compass and ample canvas and guiding rudders to help us in turn to clear the shallows and round the points, and at last (not least) to stem the tide of final examinations, that we, too, might venture our fortunes, as now we do, upon the unlimited expanse of practical medical work.

Our captain and our pilots well can judge of our sailing qualities; they know that we have learned to obey the helm and to make progress against wind and tide, but they do not know us as we know each other. They have sailed in advance in their pilot boats, and the captain—commodore, rather, I should say—has been the commander of a fleet, not of individual vessels. We have sailed side by side, and, like the "builder of the ship," we know

> "Each mast and sail and rope.
> What anvils rang! what hammers beat!
> In what a forge, and what a heat,
> Were shaped the anchors of our hope!"

Side by side upon the same hard benches (we hope they will not be so hard a few years hence), night by night, not on smooth waters under the mellow light of the crescent moon, but "tossing, restless," under the uncertain light of "midnight kerosene," we have learned the same lessons, dreamed the same troubled dreams of skeletons and ghosts, and so have come to know each other something as we know ourselves.

Our respected professors can tell how heavily we have freighted our vessels with medical lore and how deeply they sink to mark the water line, but they do not know all, and wisely it is decreed that in this public manner a fellow-classmate shall predict the future of his peers.

In order to make a prognosis as nearly scientific as possible, it is necessary in many cases that both the recent and the previous history of the individual shall be known, and, in addition to this, something of the family history.

From all of these facts, coupled with the knowledge of subtle processes and the meaning of certain symptoms and signs, we would make out our diagnosis, and from this we would base our judgment as to the probable course and termination of existing conditions; in other words, we would make out our *prognosis.*

Of course, it is not expected that I shall enter into the reasons for my opinions, and probably it is better that I should select a few out of many interesting cases, some of which may be taken as types.

There are, doubtless, some in the class who are destined to enjoy a large practice, and a larger popularity, on account of their good looks, and if, in addition to this, the doctor is *poetically* inclined, and has proved himself to possess good *presiding* qualities, perhaps has been president of a college class, or it may be of such a society as the Hahnemannian, we can but prophesy a successful career. We do not need to mention names in this connection.

There are others in our class who, though not necessarily handsome, will yet rapidly force their way to the top round of a lucrative practice by certain attractive ways, society pulls, and long-headed schemes.

They have an abundance of what Professor Helmuth would call "Silicia," though geologists might call it a "heterogeneous non-conglomerate aggregation of mineral and earthy particles." Common people call it "sand." One such, whose name I forbear to mention, reminds us of some lines which we learned in earlier days:

> "I never saw a sprightly fair
> That was not dear to me;
> And freely I my heart could share
> With every one I see.

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"It is not this or that alone
On whom my choice would fall;
I do not more incline to one
Than I incline to all.

"The circle's bounding line are they,
Its centre is my heart;
My ready love, the equal ray,
That flows to every part."

There is a song, too, that occurs to us now, the refrain of which is as follows:

"To *chase* dull care away."

Why this line should present itself so prominently in this connection, the initiated can readily surmise.

There is another type in the class represented by one whose name is a guarantee of business if not of professional attainment, though we do not deny the possession of both. With him of noble Stewart blood there is no such thing as financial failure. Already the "yellow-covered book" is on our table, and we are enchanted with views of the Schuylkill, and the Ridgewood Sanitorium. The "City of Brotherly Love" is also conveniently near, and its name is strikingly suggestive and ominous for the future.

There are other men in the class who are bound to be prominent in the profession. Among these Dr. Bowen is especially conspicuous, and we are daily looking for the first edition of his great prospective work on "Stimulants; or, What our Professors Do n't Know."

More unique and more intimate than the union of the Siamese twins is that of the "Trio," "Triplets," or "Three Graces" of our class. We cannot conceive that this combination will be broken, and as in future years we ride down Madison avenue or other avenues of the great metropolis we will look curiously for the signs of the Doctors Minton, Montgomery and Helmuth.

While we are in the city also we shall look for Dr. Crooks, and failing to find him at Tony Pastor's or at Wallack's we will call at Pach's the photographer's. A more profound passion for art than that manifested by our Committee on Group Pictures we never hope to see again, nor can we imagine Drs. Crooks and Watts entirely divorced from their favorite pastime of consulting almanacs and appointing rainy days for the taking of group pictures. We therefore prophesy for each of these gentlemen a brilliant professional career, provided too much attention is not paid to extraneous concerns.

There are others of our class, too, who are liable to be turned aside from the chosen pathway by side issues—Bucklyn by the charms of silver-tongued oratory, Bigelow by the attractions of the elevated railroad, Dudman by his Pulsatilla disposition. For Adams, Ward and Kellogg music will have charms; Johnson, Russell, Jacobus, Schuman, Smith and others who have labored to make our CHIRONIAN a worthy representative of a medical college and its interests will doubtless still feel an itching of the palm to seize the editorial quill or gently to remind delinquent subscribers that it takes money as well as brains to run a medical journal.

Nelden will still be known by an elevated coat collar, and will probably be the unsuspecting cause of a new slang phrase. Bleecker bids fair to continue as happy, hearty and heavy as ever, and will soon be quoting the words of the aged college alumnus, who, at the reunion of his Alma Mater, proud of his silvered locks and the treasured wisdom of years, said, "Better to be gray than green."

We have brought but few figures into prominent relief in the picture we have endeavored to paint of the future of the Class of '87. We do not claim to have outlined all even of the more striking figures in the clear light and bold relief which the subjects and the occasion might warrant, and there are doubtless many standing now dimly in the background whom the sunlight and the shadows and the manifold reactions of life will in the future outline and develop into strong and influential characters.

But, gentlemen and classmates, no words of mine can hinder you from making your futures, within certain limits, what you will. In health, as in disease, the prognosis is conditioned not absolute. I must tell you, as you will tell your patients, that your prospects depend largely upon how you take care of yourselves, and you will forgive me, I know, if I say that there must be in this, as in other classes, those who must watch themselves something as the careful

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physician watches the rise and fall of uncertain life forces, lest the rising surge of unrestrained desire dash their hopes and those of the friends who now so heartily rejoice with them upon the melancholy reef of dissipated lives.

Let us prove all such prophecy untrue, and go forth to our chosen work with the same hearty interest in all humanity as that which we have so often of late expressed as classmates with reference to one another.

I can find no more fitting words to express the sentiment just now uppermost in my mind than the language of the poet:

> "Man is his own star, and the soul that can
> Render an honest and a perfect man
> Commands all light, all influence, all fate,
> Nothing for him falls early or too late—
> Our acts, our angels are, or good or ill
> Our fatal shadows that walk by us still."

THE following, sent by the President of the Homœopathic Society of the State of Ohio, speaks for itself:

TOLEDO, O., April 6, 1887.

THE CHIRONIAN, N. Y. City:

GENTLEMEN—Enclosed you will find one and fifty one-hundredths dollars. Please credit.

Will ye editors accept an invitation to be present at the 23d annual meeting of the Homœopathic Medical Society of the State of Ohio? The meeting will be held at Cleveland on May 10th and 11th. I would be pleased to give THE CHIRONIAN a hearty welcome there; also as many of our alumni as will attend. Fraternally,

ALBERT CLAYPOOL, '75.

THE opening article of the April *Century* is also the beginning of the series of papers on English Cathedrals, the introduction to which was printed in the March number—the text being by Mrs. M. G. van Rensselaer and the illustrations by Joseph Pennell. Upon this work Mr. Pennell has been engaged for many months, and the illustrations printed in this article on the "Mother Church of England," as Mrs. van Rensselaer characterizes Canterbury, show a union of architectural faithfulness and picturesque interest unusual in drawings of such subjects.

The Alumni Banquet.

THE Alumni Association met at Delmonico's, Fifth avenue, on Thursday evening, following the closing exercises of the college term, which took place at Chickering Hall on 14th ult. Prior to the banquet, which takes place annually, a business session of the society was held, with President G. S. Norton in the chair. The object of this meeting was for the arrangement of a definite method for the future election of officers, and for the election of officers for the ensuing year. The candidates were balloted for, with the following results. Elected:

President,
F. B. MANDEVILLE, M.D., Newark, N. J.
First Vice-President,
J. L. KEEP, M.D., Brooklyn, N. Y.
Second Vice-President,
P. H. MASON, M.D., Peekskill, N. Y.
Third Vice-President,
L. P. JONES, M.D., Greenwich, Ct.
Corresponding Secretary,
S. H VEHSLAGE, M.D.
Recording Secretary,
CHAS. MCDOWELL, M.D., N. Y. City.
Treasurer,
EUGENE H. PORTER, M.D., N. Y. City.
Necrologist,
MARTIN DESCHERE, M.D.
Chairman Executive Committee,
A. B. NORTON, M.D.,
N. Y. City.
W. W. BLACKMAN, M.D.,
Brooklyn N. Y.
S. W. CLARK, M.D.,
Jersey City, N. J.
E. J. PRATT, M.D.,
N. Y. City.
G. E. TYTLER, M.D.,
N. Y. City.

Eighty-two votes were cast. Meeting adjourned. At ten o'clock about two hundred and fifty members sat down to dinner in the large hall. During the progress of the meal, delightful strains of music welled forth from the gallery above, and this was interspersed with songs by the college quartette, composed of Drs. Adams, Ward, Kellogg, '87, and Platt, '88.

Dr. Norton, retiring president of the asso-

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ciation, introduced Prof. Seldon H. Talcott, of Middletown, New York, as toastmaster of the evening. Professor Talcott, being well known as a spicy and witty speaker, was greeted with applause. The first toast of the evening was drunk standing, and in silence, to the memory of "The Immortal Hahnemann."

Dr. Fisk was next called to respond to "The Alumni." Elihu Root, Esq., next responded to "The Law." In the course of his remarks he observed that he had addressed many audiences, political and otherwise, but thought if his memory served him correctly, this was the first occasion upon which he had been called upon to address one composed entirely of "*healers*." The Rev. Dr. McArthur responded in a most interesting and logical manner to "Theology." Prof. T. F. Allen was next introduced in behalf of the college. He spoke at considerable length of the needs of the college, its history, and its future. His remarks stirred up considerable enthusiasm among his auditors, as was shown later by the many liberal subscriptions to the new college and hospital fund. He spoke of our college as compared with those of the old school in this city in the methods of teaching, etc.; the crowning difference being that we require an entrance examination, and, following the Faculty examinations, require another before a board of censors, who have no connection whatever with the college or its Faculty, and who have the power to reject candidates for graduation, even though they may have passed the highest possible average in the regular Faculty examinations. This system deprives us of a large number of students who go elsewhere, but it at the same time raises the standard of our college course pre-eminently above that of our competitors, who seemed, until quite recently, to feign entire ignorance of even the existence of such a system among us, and which system they now seek to introduce into their own halls. By the rules now in force among us, there is no such thing as the Faculty, or any member of it, growing fat upon the student, as the Faculty get nothing in the way of salary for their labors. This marks another grave difference between ours and other medical institutions of this city, etc., etc. The Hon. R. P. Flower, Treasurer of the college, was next introduced. He paid a glowing tribute to Professor Allen's ability to "heal the sick" with his "little No. 6's." He also spoke warmly of the college fund, and promised it his support. The building was shaken by the applause which greeted the next speaker, Prof. W. T. Helmuth, who read a very beautiful poem upon "Past Recollections." Prof. J. W. Dowling next responded to a toast to "The Boys," and he did it to the full satisfaction of the boys, who have the highest possible regard for the professor. Dr. Fulton spoke of "The Ladies" very prettily indeed. Professor Dowling again arose to respond to the alumni of the Hahnemannian of Philadelphia, his *alma mater*. He spoke of its new college building, its cost, etc., and said that since its erection the number of students had doubled in that institution, going from about forty to about eighty. Dr. Stilwell spoke of '87, and received a tremendous round of applause from his class, etc.; his remarks were highly appropriate. Dr. Norton, ex-President, made the announcement that the subscription of the evening had amounted to $8,373, and spoke assuringly of the new college, which, under the new charter, will read: "New York Homœopathic Medical College and Hospital." The new president of the association, Dr. Mandeville, addressed the society for a few moments, following which, Professor Talcott, who had contributed so much to the enjoyment of the occasion, and had proved himself worthy the name of toastmaster in the fullest sense of the word, closed the exercises, which had been highly enjoyable to all. S.

Our College Commencement.

BY three o'clock on Thursday, the 14th inst., Chickering Hall was filled with the friends of homœopathy who had gathered there to witness the graduation of the forty-six successful candidates out of a class of fifty-three which made up the Class of 1887 a few weeks ago. The Faculty fire thinned out the ranks and gathered from its files those who either from misfortune or lack of wisdom found them-

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selves incapable of climbing to the seventy-five per cent. mark at the grand summing up of their merits, so that the boys who marched up and took the parchment on Thursday may truly be called "picked men." The look of doubt and concern had left their faces, and if we except a slight awkwardness and timidity in action, probably due, and naturally too, to the large audience of ladies present, they presented quite a festive appearance after their hard struggle.

Many very beautiful floral designs were arranged about the front of the stage, placed there by friends of favorite graduates. Upon the stage sat the members of the Faculty and many distinguished persons who were there by invitation. Prof. T. F. Allen, A.M., M.D., L.L.D., Dean of Faculty, delivered the introductory address, he was introduced by the Honorable Salem H. Wales, President of the Board of Trustees, who, following Professor Allen's address; conferred the degrees. Prof. St. Clair Smith, M.D., President of the Faculty, presented the prizes as follows:

E. D. Fitch, Worcester, Mass., First Faculty Prize.

James Crooks, Jr., Paterson, N. J., Second Faculty Prize.

Honorable mention was awarded to Drs. B. W. Stilwell, LL.B., J. J. Russell, W. W. Johnson, S. I. Jacobus, and R. P. Fay.

The Hon. Salem H. Wales prize was then presented by William Tod Helmuth, M.D., to F. W. Hamlin of the Class of '88 for highest average in junior and middle branches. Those of the Middle Class who secured honorable mention were: E. S. Smith, W. H. Sawyer, T. C. Wiggins, C. A. Gwynn, and D. H. McGraw.

A very able valedictory was delivered by George B. Best.

The Faculty prizes consisted of two very fine microscopes, one of them valued at $100 and the other at $50. The "Wales" prize was a Helmuth pocket-case of surgical instruments, valued at $25. Neyer's orchestra furnished the music in a very creditable manner for the occasion.

Below are the names of the graduating class:

GRADUATING CLASS, '87.

Marshall Jewell Adams,	New Haven, Conn.
Daniel Huston Arthur, A.B.,	Springfield, Ohio.
Robert Benedix,	New York City.
Abram Winfred Bergen,	Brooklyn, N. Y.
George Bethune Best,	Chatham, N. Y.
Frank Alfred Bigelow,	New York City.
William H. Bleecker,	New York City.
George Ralph Bowen,	San Antonio, Texas.
John Knight Bucklyn, Jr.,	Mystic Bridge, Ct.
Charles T. Burtis,	Brooklyn, N. Y.
Henry L. Carr,	Paterson, N. J.
James Oscar Chase,	St. Albans, Vt.
James Crooks, Jr.,	Paterson, N. J.
George Bradford Dudmam,	Yarmouth, Nova Scotia.
Russell P. Fay,	Burlington, N. Y.
Edward D. Fitch,	Worcester, Mass.
John Walker Gill,	Flushing, L. I.
William Tod Helmuth, Jr.,	New York City.
Neidhard H. Houghton,	Boston, Mass.
Samuel Ingham Jacobus,	White Plains, N. Y.
Ralph Jenkins,	Newburgh, N. Y.
Walter Wodell Johnson,	North Cohocton, N. Y.
Daniel Lloyd Jones,	Brooklyn, N. Y.
Francis B. Kellogg, M.D.,	New Haven, Conn.
Mortimer A. Lewis,	Plantsville, Conn.
Henry Brewster Minton,	Brooklyn, N. Y.
Frank L. Montgomery, Jr.,	New York City.
Charles W. Müller,	New York City.
Arthur Lynn Nelden,	Jersey City, N. J.
William R. Nevin,	Jersey City, N. J.
Henry Frederick Nichols,	Hoboken, N. J.
Edward M. Olmstead,	New York City.
Joseph O. Reed,	Auburn, N. Y.
John Jarvis Russell,	Johnstown, N. Y.
Carl Schumann,	New York City.
George M. Smith,	New York City.
Charles F. Snyder,	Jersey City, N. J.
A. Cecil Stewart,	Reading, Pa.
Benjamin Watson Stilwell, LL.B.,	New York City.
Alfred Irving Thayer, A.B.,	Haverhill, Mass.
Irving Townsend,	La Grangeville, N. Y.
William Henry VanDenburg,	Waterloo, N. Y.
Charles Austin Ward,	Holland Patent, N. Y.
Frank Crane Woodruff,	Boonton, N. J.
Pliny Rand Watts,	Monson, Mass.
Banks F. Young,	Syracuse, N. Y.

DR. ALTON G. WARNER, '83, resigns his position as House Surgeon to the New York Ophthalmic Hospital May 1st, and will remove to 113 Henry street, Brooklyn. Dr. Warner will be succeeded by Dr. Chas. H. Helfrich, '84.

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Farewell.

AS the Winter, old and feeble, dies in giving birth to Spring,
Latent buds begin to blossom and the woodland thrushes sing.

Thro' the ground, ere scarce the snow leaves, upward comes a lovely flower;
Time goes on, it grows, and budding, blossoms into Virgin's-Bower.

Nature smiles and beams with sunshine, all the world proclaims its joy;
But my golden cup of gladness dims and blackens with alloy;

For the balmy air, which wraps me in its soft and dreamy spell,
Cannot shield me from the sorrow centred in one word—farewell!

Farewell—can it be that never shall again in conclave sit,
'87 on those benches with its fund of mirth and wit?

Shall we never hear of glittering generalities again,
Or about the bean-shaped organ, or have lectures on the brain?

Shall we never hear of habits with regard to stimulants,
And the method of preparing tinctures from the growing plants?

Will the dean no longer chide us for our cushion-throwing feats,
Or, with kind advice, prepare us for the troubles that one meets?

And the quiz, that former bugbear, has it, too, sunk out of sight?
Shall we never more be called on to define a leucocyte?

Shall we never have to mention all we know about the plan
Of applying to a fractured leg the splint of Dupuytren?

Then no wonder that a sudden sadness o'er my spirit falls,
At the parting from my classmates and the dear old college halls.

Yes, farewell, you dear old chambers, with the seats piled tier on tier!
Where the Class of '87 first announced their college cheer;

Where the broken western window let the wind come whistling through,
Till our protoplasm freezing, turned our hands and noses blue.

Ah! when I become gray bearded, and my bald pate brightly shines,
I will still live o'er, in fancy, all my student days and times.

So, farewell to '87, with its struggles just begun!
May it meet thro' many long years yet, without a missing one!

May its triumphs be companions, may its failures strangers be;
May it ever meet as brothers throughout all eternity!

See!—e'en now the setting sunbeams thro' the windows shed their light,
All their rosy glory giving promise of a dawning bright;

Of a dawning where no storm clouds shadow sky, or earth, or sea—
Bright and golden gleams the future school of Homœopathy.

F. LIVINGSTON MONTGOMERY, JR., '87.

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Response to Toast "Class '87."

MR. TOASTMASTER and Gentlemen of the Association: It was with great reluctance that I accepted the response to this toast, but if I had thought for one moment that I should be thus ruthlessly torn from my comrades, and seated upon this platform in the revered and awe-inspiring presence, I would positively have declined. As it is, I proceed with fear and trembling. In accordance with the custom at our college, and in fulfillment of one of the many statements of the Annual Announcement, which reads that each student in his senior year is to personally attend to obstetrical cases, I was assigned, some time since, in anticipation of a confinement, to a case of this kind.

The address of the lady who was in this most interesting condition was given as the northeast corner of Twenty-third street and Third avenue, fourth and fifth floors.

She was a perennial, so to speak, having been in labor regularly every spring for the last twenty-six years, and you all recognize your Alma Mater.

Professor Helmuth had early diagnosed the case and invited the students to practice ballottement, which invitation had been eagerly accepted and profited by, the rebound of the ball being distinctly felt. This practice took place at the Manhattan Athletic Grounds.

Later in the term, when the question of an examination by some of our professors in the special branches, to see whether the fœtus was alive or not, was mooted, it was deemed to be unnecessary, as vigorous kicks could be plainly noticed by the close observer. The pregnancy progressed favorably enough, in spite of the poor ventilation of the apartments occupied, and due no doubt to the vast number of remedies administered by the family physicians, and the time for confinement arrived. The pains came on rapidly, and upon examination it was found to be a brow presentation, although it was at first feared that the cheek was to be the presenting part.

With skillful treatment and manipulation the labor was safely terminated, the cord was tied, and, with a healthy yell, that sounded like "similia," the child, which had been named while in utero "'87," began its independent existence, and I will invite your attention for one moment to the infant.

It is a male child of good size and development, the circulation is excellent, and it has within itself the personification of the "three graces." Its "head" is large and full (or soon will be), and gives promise of future intelligence.

It sleeps a good deal and is Best when asleep. The only deformity noticeable is a little Crook in one member (I refer to Jimmie). In all other respects the nurse says the child is simply perfect, and, when interrogated to-night as to its condition, said "Still-well."

And now, if I may be pardoned for digressing for one moment, I would like to say a word to the Class of '87.

I, for one, have looked forward with a great deal of anticipation and longing for the time to arrive when I should receive my roll of parchment, with the title it conveys, and the privileges and responsibilities it implies, and, feeling myself a free man, become actively engaged in the battle of life; but now that the moment has arrived, there mingles with the anticipated pleasure many a pang at the thought of leaving familiar scenes and places that have known us, but shall know us no more, and of the rupturing of the ties that have bound us so pleasantly together as a class, and the inevitable separation and scattering, never to meet again as we meet to-night with such full ranks.

Let us all, then, resolve that, wherever we go, or in whatever direction duty may call us, to maintain the dignity of '87 and of our Alma Mater. May she never have cause to blush for one of us. Let us be honest, faithful, true and clean gentlemen first, doctors next, and physicians last.

It has been said that experience is the light in the stern of the ship, that illumines the wake but fails to reveal the dangers ahead. Let us endeavor to profit by the experience of those who have preceded us, and as each man stands at the helm, with his eyes steadily fixed upon the

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twin stars, Hope and Virtue, my wish is, may the fair winds of prosperity and happiness swell the sails of each individual craft, and, having avoided all rocks and shoals, may you sail smoothly and safely at sun-down within the Golden Gate.

And now, gentlemen, one and all, the child is born, and bids fair to live and thrive, and be of use in the world, thus proving its right to a place upon this footstool. And I ask you to drink to its health, prosperity and usefulness.

Hahnemannian Exercises.

THE fifteenth annual exercises of the Hahnemannian Society were held at Association Hall, Fourth avenue and Twenty-third street, on Wednesday evening, April 13th. A very large audience was assembled to listen to the following programme:

PROGRAMME.

1. "We Meet Again," . . . College Song
   QUARTETTE.
2. Annual Address, . . . By the President
3. Duet, ... Selected
   F. B. KELLOGG and C. N. PLATT.
4. Class Boem, ... RALPH JENKINS
5. Music, ... By the Quartette
6. Prognosis, ... A. I. THAYER
7. Violin Solo, "Cavatina," . . . Raff
   F. B. KELLOGG.
8. Annual Address to the Society,
   Prof. THOMAS S. HASTINGS, D.D.
9. Music, ... By the Quartette
10. "Send Off" to '87, . J. M. WOODRUFF, '88
11. Baritone Solo, "Out in the Deep," . Loehs
    C. N. PLATT.
12. Conferring of Diplomas, . . By the President
13. Presentation of Prize for Best Report of Professor Doughty's Clinic.

Presentation of Prize for Best Report of Cases Treated during the Term, by Professor Deschere.

14. Music, ... By the Quartette

Professor Doughty's prize was conferred upon Carl Schumann. It consisted of a very handsome case of instruments (urethral.)

Professor Deschere's prize (two volumes Lilienthal's Therapeutics) were awarded to Messrs. J. J. Russell and Jas. Crooks.

The music by the quartette was especially well rendered and the singers were frequently recalled. They were Messrs. M. J. Adams, F. B. Kellogg, C. A. Ward and C. N. Platt.

Professor Hastings's address was intensely interesting and was listened to with very marked attention by all present. He portrayed very beautifully character and culture, saying that the first he would place in man first and last as being of greatest importance and would if possible run the latter throughout the whole; he then spoke of talent and defined the difference between it and the two former saying that we locked up annually more talent in our State prisons than all the old European monarchies combined contain. His remarks to the Graduating Class, if remembered, as they probably will be, cannot but be of great profit to them individually or as a class. Many former graduates were present and the entertainment was pronounced a grand success.

NEW YORK, April 20, 1887.

Messrs. Editors:

I NOTICED in your last number that the compositor or paster had left out part of my article in regard to the diagnosis of scrotal tumors. In the first paragraph it reads: "One would not care to pass a trocar into a hernia, etc.; *neither would "one mass."* What should have followed I will now write you: One would not care to pass a trocar, etc.," neither would one like to mistake in public a solid tumor for a hydrocele, and attempt to draw of the water, or vice versâ, and attempt castration.

Tumors of the scrotum are in general reducible and irreducible. Reducible tumors are principally hernia, congruital hydrocele, diffuse hydrocele of the cord, and varicocele. In hernia, we have the tumor coming from above downward, the cough impulse and the tumor reduces in "*one mass.*"

If you will do me the favor to insert this, you will oblige

Yours very truly,

S. H. KNIGHT, M.D.,
Helmuth House.

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Meeting of Class of '82.

SOME time during February last, each member of the Class of '82 received from their classmate, Dr. W. S. Putney, a note suggesting a reunion of the class, after a separation of five years, and asking the co-operation of each member of the class to make this reunion a success in every way. A short time after this we again heard from Dr. Putney. This time came the cheering news that the reunion was to be, and giving the names and addresses of those who had signified their intention to be one of the reunited class.

The time of meeting was fixed at noon of commencement day, April 14th. Accordingly, at twelve o'clock of the day appointed, the boys began to assemble in the "*Library*" (a new feature since our day), and, as one by one the familiar faces appeared at the door, they were greeted with cheers as of yore, and the cordial hand-clasps and hearty greetings that ensued warmed the heart and quickened the pulse of every one of that happy group. For, they were the same boys as of five years ago; a little older; some changed in physique as well as in physiognomy; faces a little more sober, a few lines of care; a little more dignity, perhaps, but the same old boys of '82; and we tried for a time to think we were still boys, notwithstanding that many times we have felt that we were no longer classed among the new recruits, but were almost veterans, having now stood a campaign of five years' hard fighting. After a pleasant and little prolonged series of greetings, the class was called to order by Dr. O. H. Babbitt, of Cooperstown, N. Y., the President of the Class of '82, and the following programme proceeded with:

Address by the President, Dr. O. H. Babbitt.
Election of officers.

This resulted in the election of Dr. W. S. Putney, of Milford, Conn., for President, and Dr. D. H. Riggs, of Washington, D. C., for Secretary.

These officers hold their positions for five years, when the next reunion of the class will take place; the class having decided to have a reunion every five years as long as there are two members to meet.

Reading by the Secretary of letters received from absent members. Among these was one from M. H. Angell, of Stamfordville, N. Y.; from J. Lo Daniels, of New York City; A. G. Downer, of Princeton, Ill.; E. S. Hayward, Rochester, N. Y.; H. R. Holman, Sioux City, Iowa; F. G. Ritchie, Worcester, Mass., and George Royal, Des Moines, Iowa.

Had we the space how gladly would we publish each of the letters read, that they might cheer the hearts of those who would thus have the privilege of reading them as they did those who had the pleasure of hearing them read in the old college halls. But while we cannot publish all, yet we cannot refrain from including in this account the letter from H. R. Holman, of Sioux City, Iowa.

TO THE ALUMNI OF EIGHTY-TWO.

I fain would greet my classmates and renew
The varied scenes we all passed through;
Relate each failure and success since Eighty-two,
When we as Medicos our lives begun.
I reach across the chasm—just five years wide—
And shake your hands with honest pride;
To each Alumnus of our brainy crew
I 'd say, I 'm well, and very busy too;
Would like to ask—and take your word for proof—
Have you e'er found McDonald's pelvic roof?
Or put the Burdick value, through reflection,
On the wonders shown in man's conception?
Does "distance lend enchantment to the view"
When you look Lilienthal and Allen through?
Is kind old Bradford still in "memory green"?
Do St. Clair Smith's quaint stories chestnuts seem?
Or at the bedside of some infant dear,
Do you e'er think of faithful M. Deschere?
I know how Helmuth lives in every student heart,
And there enshrined, in all our life he forms a part;
How every word he spoke, and every act of his,
Is well remembered through his faithful quiz.
How he did drill young Vail in different diagnosis,
With questions on the various kinds of "mosis."
And with what pitying looks he roasted Myers,
Whose brain seemed scorched with allopathic fires.
He ne'er forgot that he was once a boy,
And so excused the wildness of our joy;
And overlooked our often jocose roughing,
When we from cushions kicked the very stuffing.
Let 's not forget a kindly word for Frank,
Who covered up full many a boyish prank,

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And screened our lapses from the vengeful eye,
Or plead in vain that we our manners try.
Good-bye to pleasant school-days and their strife,
But keep the classmates banded all through life;
Some day, I trust on earth to meet you all;
Let 's hope till then you 'll get no higher call;
But if by chance you "climb the golden stair,"
I 'm almost certain that I 'll meet you there.

H. R. HOLMAN.

We little thought we had such a poet in our midst. Then followed the memoirs of our two deceased members, Drs. C. H. Dunning and J. G. Bowen, the former by Dr. W. S. Putney and the latter by Dr. W. H. King. These memoirs were deeply interesting and, with the frequent allusions of other members of the class, showed that in our exuberance of joy we did not forget those who were with us five years ago, but may never meet us again until life's burdens are all laid aside, and we shall clasp glad hands in that city whose inhabitants never say: "I am sick." The President, in his beautiful and eloquent address, also alluded to Drs. Dunning and Bowen, saying: "Some, indeed, have passed to that bourne from whence no traveler returns. We miss the pleasant, studious face of Dunning, our first-prize man, and the handsome, dignified Bowen, our Valedictorian. While these have gone to the Great Physician to learn of eternal life from Him who gives it, we have been blest by their friendship, which shall last through all eternity."

After the memorial services, the class considered a suggestion contained in the President's address, that as a class we lend a helping hand in the efforts being made to build up a college library. After some discussion, a committee consisting of Drs. Putney, Norton and Babbitt, was appointed to ascertain the sense of the class by communicating with those not present, that we might act as a whole. The meeting then resolved itself into an informal experience meeting, in which old jokes were rehearsed, amusing errors recounted, and brilliant achievements described in triumphant tones. Nor was the conversation of an entirely professional character. We heard with interest something of each other's home life: about the *wife* and the *babies*. As far as could be learned, every member of the class, *except one*, had become entangled in the bonds of matrimony. And this one found it very pleasant extending to his classmates his sincere sympathy, and even had some thought of administering to each and every one a dose of Colocynth, c. m., as this is said to cure those who have pain that causes them to "double up."

The time was pleasantly spent, and all too soon the hour arrived for our meeting to adjourn, as the next thing in the order of exercises for the day was an attendance, as a class, at the commencement exercises of the college, in Chickering Hall. But we separated, firmly resolved to stand by our Alma Mater; to love each other better, and to meet again five years hence.

Commencement and Reception of the New York Ophthalmic College.

ON the 12th inst. the annual Commencement of the New York Ophthalmic College was held in the large reception-room connected with the hospital, followed by a reception. A large audience was present. A platform had been erected, upon which were seated the speakers of the evening and the officers of the institution. Following some choice selections by the orchestra the opening address was delivered by the President, Thos. C. Smith, Esq., who, after extending a hearty welcome to those present and expressing the hope that the occasion might be especially enjoyable, as it occurred but once a year, confined his remarks principally to the business done by the college and hospital during the year just closed, and the manner in which it was conducted. The total number of patients treated during the past year was not quite up to that of the year previous, but this, he said, was easily accounted for by the fact that, business having greatly improved, many former patients who had been treated gratuitously were now able to pay for it, and hence became private patients; also that there was less of this class of disease, and, lastly, the most potent factor in the decrease

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was that the institution no longer sought after patients, but required the patients to seek the institution. He placed the average cost of treatment for each patient at forty cents (instrumental and medicinal, aside from hospital privileges proper). Notwithstanding the decrease of about three hundred patients, there were treated during the year over eleven thousand. The speaker closed with a eulogy upon Prof. C. Th. Liebold, M.D., who was one of the early founders of the institution, and lately deceased.

This was followed by an address by Prof. H. C. Houghton, dean, and the presentation of diplomas. The degree of O et A Chir. was conferred upon Charles H. Helfrich, M.D., New York; H. H. Crippen, M.D., Detroit, Mich.; Edward J. Pratt, M.D., New York; A. H. Hart, M.D., New York, and C. O. Norton, M.D., New York. Certificates in Laryngology were given to George W. McDowell, M.D.; W. S. Miner, M.D., and W. S. Pearsall, M.D., all of this city. The address of the evening was delivered by the Rev. Ensign McChesney, D.D., who spoke of the object of the institution and the work accomplished by it in terms of the highest praise, as it represented a great Christian charity and one of incalculable benefit to the community at large. He expressed the hope that the work might not be checked by lack of means to carry it to still higher degrees of usefulness and a wider spread of its influence, and said that if but a single patient whose sight or hearing had been restored to him were to give full utterance to his gratitude it would constitute the most eloquent appeal for the support of such institutions ever listened to, as well as the richest blessings of reward for their founders and supporters. After the exercises had been concluded, and while refreshments were being passed around, the room was prepared for dancing, which was indulged in by the younger members and their friends until a late hour. S.

MARRIED—On April 20th, at Metuchen, N. J., F. M. Cummins, '88, to Miss Mary D. Cooper, daughter of Rev. C. W. Cooper. '88 begins well. Next?

'87 Class Meeting.

April 14, 1887.

MEETING called to order by President Jenkins. After remarks on the arrangement of the class at Chickering Hall during the graduating exercises, and on the advisability of every member joining the Alumni Association, a ballot was taken to elect the officers of a permanent class organization. The following officers were chosen: President, B. W. Stilwell, LL.B., M.D.; Vice-President, William Tod Helmuth, Jr., M.D.; Secretary and Treasurer, C. A. Ward, M.D.

After a closing speech by President Jenkins the meeting was adjourned.

W. W. JOHNSON, M.D.,
Secretary pro tem.

College Notes.

F. A. FAUST, '86, has removed from Berne to Poughkeepsie, N. Y.

C. F. RING, '81, will visit Europe during the coming summer for further study, etc.

PROFESSOR DOWLING has removed from 313 Madison avenue to 6 East Forty-third street. Dr. C. C. Boyle to 17 West Thirtieth street.

FAY, Townsend, Lewis, Chase, Kellogg and Russell, '87, have been appointed as members of the staff to the Homœopathic Hospital at Ward's Island; C. A. Ward to the "Deaconess" Hospital; E. M. Olmstead to the Brooklyn Hospital; W. T. Helmuth, Jr., and F. Montgomery to the Dispensary of our college; Jenkins to the National Hospital at Washington, D. C.; Reed to the State Asylum for Insane at Middletown, N. Y.; G. M. Smith, the genial business manager of THE CHIRONIAN, to the Five Points House of Industry, New York City.

"CUR'US 'bout me, Mac—I can 'membah de mos' insignif'cant ting that eber happened since I wah two yeah ole. F'r instance—" "I say, Pone, does yo' 'membah anyt'ing 'bout dat ha'f dollah yo' borr'd ob me las' yeah?"

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